Mosby's Nursing Video Skills

Student		Date					
Instructor		Date					
PERFORMANCE CHECKLIST FOR ADMINISTERING AN INTRAMUSCULAR INJECTIO							
1. Used aseptic technique. Avoided distractions and interruptions. 2. Checked the medication label twice against the order in the medication administration record. Made sure to check the medication expiration date when retrieving the medication. 3. Gathered the necessary equipment and supplies. 4. Took the medication to the patient at the correct time according to agency's policy. Gave time-critical medications at the exact time specified in the order. 5. Performed hand hygiene. 6. Provided for the patient's privacy. 7. Introduced self to the patient and family.			NP	Comments			
8. Identified the patient using two identifiers according to agency policy. Compared this information to the MAR or medical record. Asked the patient if he or she has any allergies. 9. Accessed the electronic MAR again. At the patient's bedside, again compared the MAR or computer printout with the names of the medications on the medication labels and with the patient's name.							
10. Discussed the purpose of each medication with the patient, including its action and possible adverse effects. Allowed the patient to ask questions. Told the patient that the injection may cause a slight stinging or burning sensation. 11. Selected an appropriate injection site. Noted the integrity and size of the patient's muscle. Palpated for tenderness or hardness, and avoided such areas. If the patient receives frequent injections, rotated the site selection.							
12. Inspected the area for bruising, inflammation or edema. If the skin is bruised or shows signs of infection, used a different site.							

13. Helped the patient into a comfortable position,	 	
according to the site being used. Exposed only		
that portion of the body.	 	
14. Applied clean gloves. Used anatomical		
landmarks to find the site again.		
15. For a ventrogluteal injection:	 	
A. Placed the heel of the hand over the greater		
trochanter of the patient's hip with the wrist		
almost perpendicular to the femur.		
B. Pointed the thumb toward the patient's groin.	 	
C. Pointed the index finger to the anterior	 	
superior iliac spine.		
D. Extended the middle finger back along the	 	
iliac crest towards the buttocks.		
E. Located the injection site in the center of the	 	
triangle.		
F. Marked the site with an unopened alcohol	 	
wipe.		
16. Cleansed the site with an antiseptic swab.	 	
17. Held a gauze pad between the third and fourth	 	
fingers of nondominant hand.	 	
18. Removed the needle cap or protective sheath.		
19. Held the syringe between the thumb and		
forefinger of dominant hand.	 	
20. Remind patient to try and relax.	 	
21. Administered the injection:		
A. Positioned the ulnar side of nondominant hand		
just below the injection site, and pulled the		
patient's skin laterally 2.5 to 3.5 cm. Held this		
position until needle is inserted.	 	
B. If the patient has little muscle mass, grasped		
the body of the muscle between thumb and		
forefinger.	 	
C. With dominant hand, quickly pierced the		
muscle at a 90-degree angle.	 	
D. After the needle has pierced the muscle,		
continued to pull the skin taught with		
nondominant hand. Stabilized the syringe by		
grasping the lower end of the barrel with the		
fingers of nondominant hand as they are resting		
on the patient.	 	 -
E. Attempted to aspirate by pulling back on the		
plunger with dominant hand. If blood appears,		
removed and discarded the needle and syringe		
and started over.	 	
F. If no blood appears, injected the medication at		

a rate of 1mL/10 sec.		
G. Waited 10 seconds, and then smoothly and		
steadily withdrew the needle. Engaged the needle		
safety sheath. Released the skin, and applied a		
gauze pad over the site.	 	
22. Applied gentle pressure. Did not massage the		
site. Applied a bandage to the injection site if		
needed.	 	
23. Discarded the needle and its attached syringe		
in a puncture-proof, leak-proof container.	 	
24. Helped the patient into a comfortable position.		
Disposed of used gauze. Removed gloves, and		
performed hand hygiene.	 	
25. Documented the injection immediately in the		
MAR. Included the medication name, the dosage		
given and the site in which it was injected.	 	
26. Stayed with the patient for several minutes,		
observing for any allergic reaction.	 	
27. Placed toiletries and personal items within		
reach.	 	
28. Placed the call light within easy reach, and		
made sure the patient knows how to use it to		
summon assistance.	 	
29. Raised the appropriate number of side rails		
and lowered the bed to the lowest position.	 	
30. Left the patient's room tidy.	 	
31. Returned to the patient's room in 15-30		
minutes to see if he or she has had any acute		
reaction at the injection site.	 	