



**General:**

- Prior to any pre-hospital medications being administered All of the following should be present:
  - Appropriate patient assessment has determined the need for a medication.
  - The standards stated within “CG3 Medication Administration” and understood and followed.

**Intramuscular Medication Administration:**

1. Explain procedure to patient and inquire about medication allergies.
2. Medication is prepared in syringe of less than 5 ml with needle 18–22 ga, 1 1/2–2 inches. 0.2 ml of air may be added to syringe.
3. Site is selected and cleansed (deltoid, dorsal gluteal, ventro-gluteal).
4. Spread skin taut, insert needle at 90-degree angle, and aspirate.
5. If no blood appears in syringe, inject medication slowly.
6. Withdraw the needle and massage the site with alcohol prep or 4x4.
7. Dispose of syringe in sharps container.
8. Place a Band-Aid over the injection site

**Intravenous Medication Administration:**

1. Establish vascular access.
2. Explain the procedure to the patient and inquire about medication allergies.
3. Medication is prepared in syringe with luer-lock connector or protected-needle. (A needle to insert into a port should only be used as a last resort.)
4. All air is cleared from syringe and excess medication expelled.
5. Site is cleansed and syringe is inserted into capped port of IV line.
6. Patency of IV is checked by aspirating blood or by monitoring flow with no signs of infiltration.
7. Time taken to administer medication is specific to medication. Flush IV line to assure medication administration.
8. Monitor IV catheter site for signs of infiltration.
9. Dispose of syringe in appropriate container.

**Intranasal Medication Administration:**

1. Explain procedure to patient and inquire about medication allergies.
2. Twist off the top portion of the MAD device and withdraw the appropriate volume of medication
3. Expel any air within the syringe.
4. Attach the MAD to the syringe and confirm that it is secured firmly.
5. Using your free hand to hold the occiput of the head stable, place the tip of the MAD device snugly against the nostril aiming slightly up and outward (toward the top of the ear)
6. Instruct patient to breathe in deeply and slowly, while briskly compressing the syringe plunger to deliver half of the medication into the nostril. If the patient become uncomfortable instruct them to swallow.
7. Move the device over to the opposite nostril and repeat step 5 and 6.
8. The MAD is reusable on the same patient, dispose after each patient

**Considerations:**

- No more than 1 ml should be administered per nostril
- No more than 0.5 ml should be administered per nostril for children under 10 years