

Administering Vaccine to an Adult by Intramuscular (I.M.) Injection

Objective:

To administer the influenza vaccine into the deltoid muscle tissue with minimum discomfort and without tissue or nerve damage.

Procedure:	Rationale/Points of Emphasis
Practice with the safety mechanism of the syringes and/or safety needles supplied until you are comfortable with their use.	Helps assure correct use of safety mechanism designed to prevent accidental exposure
Perform hand hygiene.	Reduces transmission of microorganisms. Options include soap and water, hand sanitizer
Establish a clean work area and prepare equipment and supplies: Vaccine (For this exercise – normal saline) Alcohol wipes Gloves – (optional) Cotton ball or small gauze pad Band-Aid (May be opened but NOT attached to any surface) Syringe: 1 cc or 3 cc Needle: 22-25 G, 1-1 ½ for adults, based on deltoid muscle mass. <ul style="list-style-type: none"> • If necessary – attach capped needle to syringe being careful not to contaminate (touch) connection areas. • If needle comes pre-attached to syringe – twist cap to assure needle/ syringe connection is tight to prevent leaking 	Gloves are optional when administering vaccine. Wearing of gloves advised when the skin integrity of vaccinators' hands is impaired.. Needle must be long enough to penetrate the muscle; gauge is determined by the viscosity of the fluid
Check vial expiration date. Double check vial label and contents. Shake vial of vaccine	Helps assure appropriate product is used. Shaking vial helps evenly distribute contents
Draw up correct dosage using aseptic technique <ul style="list-style-type: none"> • Clean top of the vial with alcohol swab, allow to dry. • Uncap needle with fingers of non-dominant hand, being careful not to contaminate it. Pull back on the syringe plunger to 0.1 ml – the "dose" for this exercise. • Insert the needle into the vial at a 90 degree angle; depress the plunger, injecting the 0.1 ml air into the vial. • Turn vial upside down and keeping needle tip within the liquid, pull back on the plunger to withdraw 0.1 ml, the dose for this exercise. • Before removing needle from vial, check syringe for air bubbles; too large a bubble will reduce the dose. Tap syringe to remove bubbles or inject solution back into vial and re-draw correct dose. Once correct dose is drawn, remove needle. • Use syringe feature or carefully re-cap needle, making sure the needle does not touch anything • Check the vial label a third time to assure appropriate product has been drawn 	
Greet and seat the client and verify the client's identity.	Establishes rapport. Seating decreases risk of injury from potential fainting after vaccination. Verification of identity is standard best practice.
Review the Vaccine Information Statement with the client and answer any questions.	Mandated by Federal Law
Screen the client for precautions or contraindications to vaccine.	Client with precaution or contraindication is referred to medical provider for vaccination.

Review consent form (if required) for completion. Explain procedure: type of vaccine, site where injection will be given.	Informs client of procedure, may alleviate anxiety.
Site Preparation	
The deltoid is the recommended site for administration of the influenza vaccine in adults and children. (The deltoid should not be used in infants.) The deltoid is only be used for small volumes of medication or vaccine.	
Locate site using anatomical landmarks: Fully expose upper arm, the injection area is a small triangle pointing downward from a line extending along the lower edge of acromial process. The bottom tip of the triangle is a midpoint in the lateral aspect of the upper arm, in line with the axilla. The site is in the center of the triangle, approximately 1-2" below the acromial process.	Insertion in correct site helps avoid injury to underlying tissue, blood vessels, nerves or bone.
Inspect skin surface and assess integrity of muscle at the injection site	Limb and Injection site should be free from abnormalities that may interfere with drug absorption.
Cleanse a 2" area using an alcohol swab, moving outward from the center with a circular motion. Allow to dry	Removes secretions containing microorganisms.
Encourage client to relax his/her arm. Distraction, such as talking with the client, may help the client relax.	Relaxation of site helps minimize discomfort.
Hold syringe between thumb and forefinger of dominant hand as you would a dart. (Palm down at a 90 degree angle). <u>Do NOT</u> put a finger or thumb on the plunger while inserting the needle Use wrist action to quickly insert needle into muscle – do not push needle through skin – action should be similar to shooting a dart. Once needle enters site, press on plunger to inject medication steadily. (Aspiration is not necessary prior to vaccine administration.)	Reduces tendency to start vaccine delivery before the end of the needle is in the correct placement Quick, smooth injection requires proper manipulation of the syringe. Needle must be injected at a 90 degree angle so airlock rises behind the medication, toward the plunger. There are no major blood vessels in the deltoid
Withdraw needle quickly at the same angle you inserted it. Activate needle/syringe safety feature immediately and dispose of in the sharps container. When using syringe with retracting needle, activated retraction <i>prior to</i> withdrawing the needle by applying pressure to the plunger while stabilizing the syringe.	Minimizes risk of needle stick injury and exposure to blood borne pathogens.
Apply gentle pressure to the puncture site using the cotton ball or gauze pad. Apply Band-Aid	To minimize tissue irritation - do not massage the site.
Dispose of other equipment properly.	
Remove gloves and wash hands.	
Provide anticipatory guidance – comfort measures and after care instructions	
Complete documentation of the vaccine administration	
Observe for any undesired side effects for 15 minutes after injection.	