South Eastern Sydney Local Health District

Mental Health Service Business Rule

<table>
<thead>
<tr>
<th>Name of Business Rule</th>
<th>Administration of Ventrogluteal Intramuscular Injection</th>
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<tbody>
<tr>
<td>Risk Rating</td>
<td>Medium</td>
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<tr>
<td>Date Review Required</td>
<td>November 2014</td>
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</tbody>
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| Cross references                                           | NSW Health PD 2007_077 Medication Handling in NSW Public Hospitals  
Australian Commission on Safety and Quality in Healthcare: Guidelines for use of the National Inpatient Medication Chart 7/09 |
| 1. What it is                                              | A business rule to assist with safe administration of ventrogluteal intramuscular injection. |
| 2. Who it applies to                                       | This business rule applies to all mental health staff involved in the administration of a ventrogluteal intramuscular injection. |
| 3. When to use it                                          | Whenever there is a clinical decision to administer an IM injection via the ventrogluteal route. |
| 4. How to use it                                           | This business rule is to be referred to by all mental health staff when planning to administer ventrogluteal intramuscular injection to a client. |
| 5. Why the rule is necessary                               | This business rule is necessary as a guide to ensure that:  
- MH clinical practice is evidence-based.  
- Ventrogluteal intramuscular injections are administered in a safe and accurate manner.  
- Clients are treated with dignity and respect through safe and accurate nursing practice  
- Expectations of the role and function of nurses are consistent with standards of practice for Australian Mental Health Nurses.  
- Expectations of the role and function of nurses are consistent with the standards of practice of the Nursing & Midwifery Board of Australia. |
| 6. Who is responsible                                      | All staff working in mental health employed by South Eastern Sydney Local Health District. |
| 7. Identification of the Ventrogluteal Intramuscular Injection site | ![Correct site](image)                                       |
### 8. What to do

- Check the patient as per Correct Patient, Correct Procedure and Correct Site NSW Health Policy Directive (PD2007_079).
- Explain the procedure and obtain verbal consent as per NSW Health PD2005-406.
- Wash hands as per NSW Health Policy Directive PD2010_058 Hand Hygiene Policy.
- Prepare the patient with appropriate information before the procedure, so that they understand what is happening and can comply with instructions. The client may stand, sit, or lie in lateral or supine positions.
- Prepare equipment including sharps disposal plan and the injection site on the client while maintaining a high standard of hygiene and asepsis before, during and after the procedure.
- Use an 18 gauge, blunt drawing up needle.
- Change the needle after preparation of the drug and before administration to ensure it is clean, sharp and dry, and the right length: standard size 21-gauge needle.
- Position the patient so that the muscle group is flexed and therefore relaxed.
- Locate the greater trochanter. It is the knobbly top portion of the long bone in the upper leg (femur). It is about the size of a golf ball.
- Find the anterior iliac crest.
- Place the palm of your hand over the trochanter. Point the first or index finger toward the anterior iliac crest. Spread the second or middle finger toward the back, making a ‘V’. The thumb should always be pointed toward the front of the leg. Always use the index finger and middle finger to make the ‘V’.
- To avoid an accidental needle stick injury, move non dominant hand (the hand that made the ‘V’) before injecting.
- Prepare the needle site with approved facility antimicrobial preparation pad using a circular outward motion.
- Stretch the skin tight using Z track technique.
- Hold the syringe like a pencil or dart. Insert the needle at a right angle to the skin (90 degrees) to prevent shearing and tissue displacement. Enter the skin firmly with a controlled thrust.
- Draw back on the syringe and check for blood return, to ensure the needle is not in a blood vessel. If blood is seen, the procedure needs to be recommenced.
- Inject medication slowly and steadily: about 1 ml per ten seconds to allow muscle to accommodate the fluid. You may give up to 3 - 5 mL (cc) of fluid in this site.
- Allow ten seconds after the completion of injection to allow the medication to diffuse and then withdraw the needle at the same angle as it entered.
- Do not massage afterwards, but be prepared to apply gentle pressure with a gauze swab.
- For regular depot injections use opposite side.
- Document procedure including time, date, and site of insertion in the medical record and the appropriate clinical form.
- Dispose of equipment as per NSW Health Policy Directive 2007_052.
- Use alcohol handrub or wash hands as per NSW Health Policy Directive PD2010_058 Hand Hygiene Policy.
8. Compliance evaluation

Staff using the ventrogluteal IM technique will be able to:

1. Explain rationale for using this technique
   Answer criteria
   - Older, malnourished, or non-ambulatory patients may have
doorsogluteal muscle atrophy, leading to decreased drug absorption
   - Area has a greater thickness of gluteal muscle than the
   doorsogluteal site. Injections into this area are less likely to
   be inadvertently deposited into subcutaneous rather than
   muscle tissue. Unintended SC injection is related to
difficulty with assessing the thickness of the SC fat pad.
   Besides altering drug absorption and response, this practice
   can cause injury to SC tissue.
   - Area relatively free of large penetrating nerves and blood
   vessels
   - Area is innervated and receives blood from multiple small
   nerve and blood vessel branches, thus reducing the
   potential for more significant injury
   - Landmarks are clearly defined
   - 3ml to 5mL can be injected
   - The drawback for this site is the small area for injection If
   the patient needs multiple injections you may need to use
   other sites
   - Locating landmarks may be difficult on obese patients
   - Very thin patients may not have adequate muscle tissue for
   an IM injection at the ventrogluteal site

2. Demonstrate safe and accurate use of technique
   Answer criteria: all criteria outlined in section seven

3. Explain how client will be treated with dignity and respect
   throughout procedure
   Answer criteria:
   - Client is given knowledge regarding efficacy, therapeutic
   outcomes and IM ventrogluteal injections
   - The client’s ability to provide informed consent and desired
   IM injection site is assessed
   - The client is prepared with appropriate information before
   the procedure, so that they understand what is happening
   and can comply with instructions
   - The client is informed that the IM injection will be given in
   alternate sites during their treatment regime

9. External references

mental health nurses, Journal of Psychiatric and Mental Health Nursing, (15): 424-
434
Hunt, C (2008) Which is the best site for an IM injection? Nursing 2008,
November: 62
Nursing Standard June 16 (13), 39, 1999:47-53
Winslow, E (1996) The Right Site for IM Injections, American Journal of Nursing,
(96),4: 53

I David Pearce, Acting Director South East Sydney Local Health District Mental Health Service
(SESLHD MHS) attest that this business rule is not in contravention of any legislation, industrial
award or policy directive
## Revision and Approval History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision number</th>
<th>Contact Officer (Position)</th>
<th>Reason for Revision</th>
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<tbody>
<tr>
<td>4/7/2011</td>
<td>Draft V.0</td>
<td>Mr Keri DeCarlo STG MHS Nurse Educator</td>
<td>Draft</td>
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<tr>
<td>11/7/2011</td>
<td>V.1</td>
<td>Ms Angela Karooz Risk Manager</td>
<td>Hand wash / Correct patient / Sharps disposal</td>
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<tr>
<td>18/7/2011</td>
<td>V1.a</td>
<td>Ms Elizabeth Abbott Area Coordinator for Specialist Mental Health Services for Older Adults</td>
<td>No changes</td>
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<tr>
<td>19/7/2011</td>
<td>V1. b</td>
<td>Ms Karen Chown – Area Coordinator for Youth Mental Health Services</td>
<td>No changes</td>
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<tr>
<td>1/8/2011</td>
<td>V2</td>
<td>Dr Rajiv Singh – Clinical Director SESLHD MHS</td>
<td>• Inclusion of Skin preparation</td>
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<td></td>
<td></td>
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<td>• Removal of pen marking</td>
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<tr>
<td>1/8/2011</td>
<td>V3</td>
<td>Dr Kevin Clarke – Chief Psychiatrist St George Mental Health Service</td>
<td>• Z track technique prioritised before injection</td>
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<td></td>
<td></td>
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<td>• Non dominant hand clarity</td>
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<tr>
<td>18/8/2011</td>
<td>V4</td>
<td>Professor Jane Stein – Parbury Professor of Mental Health Nursing South East Sydney LHD &amp; UTS</td>
<td>• Blunt drawing up needle</td>
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<td></td>
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<td>• Draw back on syringe to check for blood vessel</td>
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<td>19/8/2011</td>
<td>FINAL</td>
<td>SESLHD MH Policy Development Committee</td>
<td>• SESLHD MH Clinical Council Submission</td>
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<td>24/11/2011</td>
<td>FINAL</td>
<td>Approved</td>
<td>SESLHD MHS Clinical Council</td>
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