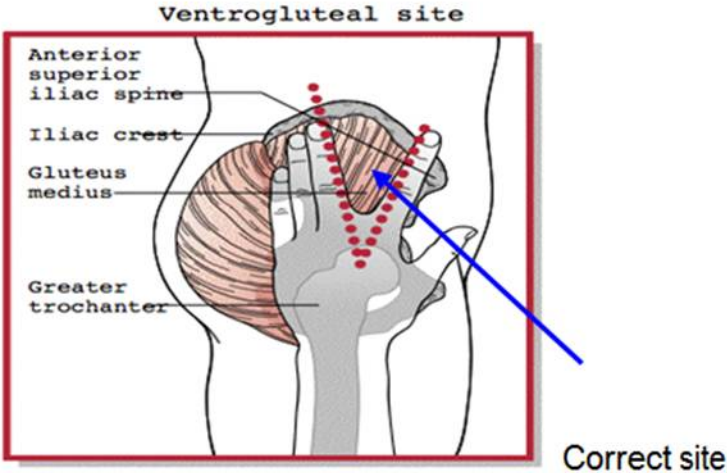


**MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/052**

<b>Name</b>	Administration of Ventrogluteal Intramuscular Injection		
<b>What it is</b>	This business rule identifies the correct site for ventrogluteal intramuscular injection and the correct steps involved with its safe administration.		
<b>Risk Rating</b>	Low	<b>Review Date</b>	August 2024
<b>Who it applies to</b>	This business rule applies to all staff of the South Eastern Sydney Local Health District (SESLHD) Mental Health Service (MHS) involved in the administration of ventrogluteal intramuscular injections.		
<b>Identification of the Ventrogluteal Intramuscular Injection site</b>			
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• The consideration for the ventrogluteal site, is the small area suitable for injection. If the consumer needs multiple injections, the clinical staff member may need to use other areas of the body.</li> <li>• Locating landmarks may be difficult on obese consumers.</li> <li>• Very thin consumers may not have adequate muscle tissue for an intramuscular injection at the ventrogluteal site.</li> <li>• <a href="#">SESLHDGL/076 - Intramuscular Injection in Mental Health</a> offers a framework for mental health nurses to practice in line with current research into the process of preparing and administration of intramuscular injections.</li> </ul>		
<b>What to do</b>	<ol style="list-style-type: none"> <li>1. Prepare equipment (including a 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.</li> <li>2. Draw up medication using a size 18 gauge, blunt drawing up needle.</li> <li>3. Remove the drawing up needle.</li> </ol>		

	<ol style="list-style-type: none"> <li>4. Replace the drawing up needle with a standard size 21 gauge needle. (A longer needle may be required in some instances where there is a thick fat layer to ensure the drug is delivered intramuscularly.</li> <li>5. Alternatively, for pre-packaged products, follow the manufacturer's directions.</li> <li>6. Position the consumer on their side so the muscle group is relaxed.</li> <li>7. Locate the greater trochanter. It is the knobby top portion of the long bone in the upper leg (femur). It is about the size of a golf ball.</li> <li>8. Find the anterior iliac crest.</li> <li>9. Place the palm of your hand over the trochanter. Point the first/index finger towards the anterior iliac crest. Spread the second or middle finger towards the back, making a 'V'. The thumb should always be pointed towards the front of the leg. Always use the index finger and middle finger to make the 'V'.</li> <li>10. To avoid an accidental needle stick injury, move the non-dominant hand (the hand that made the 'V') before injecting.</li> <li>11. Prepare the needle site with an approved facility antimicrobial preparation pad, using a circular outward motion.</li> <li>12. Stretch the skin tight using the Z track technique.</li> <li>13. 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.</li> <li>14. 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.</li> <li>15. Inject medication slowly and steadily: about 1mL per 10 seconds to allow the muscle to accommodate the fluid. You may give up to 3-5mL (cc) of fluid in this site.</li> <li>16. Allow 10 seconds after completion of the injection to allow the medication to diffuse, then withdraw the needle at the same angle as it entered. Release the stretched skin.</li> <li>17. Do not massage afterwards, but be prepared to apply gentle pressure with a gauze swab.</li> <li>18. For regular depot injections, use the opposite side.</li> <li>19. Document the procedure – including the time, date and site of insertion – in the medical record and in the appropriate medication form.</li> <li>20. Dispose of equipment as per <a href="#">NSW Ministry of Health Policy Directive GL2018_013 - Work health and Safety – Blood and Body Substance Occupational Exposure Prevention.</a></li> <li>21. Use alcohol hand rub or wash hands as per <a href="#">Hand Hygiene Australia Manual</a></li> </ol>
<b>Compliance evaluation</b>	Staff using the ventrogluteal intramuscular technique will be able to:

	<ol style="list-style-type: none"> <li>1. Explain the rationale for using this technique. Answer criteria is as follows: <ul style="list-style-type: none"> <li>- Older, malnourished or non-ambulatory consumers may have dorsogluteal muscle atrophy, leading to decreased drug absorption.</li> <li>- The relevant area has a greater thickness of gluteal muscle than the dorsogluteal site. Injections into this area are less likely to be inadvertently deposited into subcutaneous tissue rather than muscle tissue. Unintended subcutaneous injection is related to difficulty with assessing the thickness of the subcutaneous fat pad. Apart from altering drug absorption and response, this practice can cause injury to subcutaneous tissue.</li> <li>- The area is relatively free of large penetrating nerves and blood vessels.</li> <li>- The area is innervated and receives blood from multiple small nerve and blood vessel branches, thus reducing the potential for more significant injury.</li> <li>- Landmarks are clearly defined.</li> <li>- 3mL to 5mL can be injected.</li> </ul> </li> <li>2. Demonstrate safe and accurate use of this technique. Answer criteria is via correct 'Identification of the Ventrogluteal Intramuscular Injection site' (see diagram above).</li> <li>3. Explain how the client is treated with dignity and respect throughout the procedure. Answer criteria is as follows: <ul style="list-style-type: none"> <li>- The client is given knowledge regarding the efficacy and therapeutic outcomes of ventrogluteal intramuscular injections.</li> <li>- The client's ability to provide informed consent about the desired intramuscular injection site is assessed.</li> <li>- The client is prepared with appropriate information before the procedure, so that he/she understands what is happening and can comply with instructions.</li> <li>- The client is informed that the intramuscular injection will be given in alternate sites during his/her treatment regime</li> </ul> </li> <li>4. Landmarks are confidently obtained by administering nurse</li> <li>5. Consumers have adequate muscle tissue in the ventrogluteal area</li> <li>6. Staff administering in this method are adequately trained in the correct administration procedure.</li> </ol>
<b>When to use it</b>	This business rule is to be referred to and complied with whenever there is a clinical decision to administer an intramuscular injection to a client/consumer via the ventrogluteal route.
<b>Why the rule is necessary</b>	<p>This business rule is necessary to ensure that:</p> <ul style="list-style-type: none"> <li>• Mental Health clinical practice is evidence-based.</li> <li>• Ventrogluteal intramuscular injections are administered in a safe and accurate manner.</li> </ul>

	<ul style="list-style-type: none"> <li>• Clients/consumers are treated with dignity and respect through safe and accurate nursing practice.</li> <li>• Expectations of the role and function of nurses are consistent with standards of practice for mental health nurses in Australia.</li> <li>• Expectations of the role and function of nurses are consistent with the standards of practice of the Nursing and Midwifery Board of Australia.</li> </ul>
<b>Definitions</b>	<p><b>Ventrogluteal:</b> Ventro – A prefix denoting ventral. Pertaining to the belly or to any venter. Gluteal – Relating to the buttocks.</p> <p><b>Trochanter:</b> One of the bony prominences developed from independent osseous centres near the upper extremity of the femur; there are two in humans.</p> <p><b>Anterior iliac crest:</b> Front surface of the long, curved upper border of the wing of the ilium (the broad, flaring portion of the hipbone).</p> <p><i>(Source: Stedman's Medical Dictionary for the Health Professions and Nursing)</i></p>
<b>Who is responsible</b>	<p>Site and service managers are responsible for ensuring this business rule is circulated and implemented locally. Clinical line managers are responsible for ensuring this business rule is available to all staff in their work area. Clinical staff involved in the administration of ventrogluteal intramuscular injections are responsible for referring to and complying with this business rule.</p>
<b>Ministry of Health/ SESLHD reference</b>	<p><b>NSW Ministry</b></p> <ul style="list-style-type: none"> <li>• <a href="#">GL2018_013 - Workplace and Safety – Blood and Body Substance Occupational Exposure Prevention</a></li> <li>• <a href="#">PD2014_036 - Clinical Procedure Safety</a></li> <li>• <a href="#">PD2013_043 - Medication Handling in NSW Public Health Facilities</a></li> <li>• <a href="#">NSW Health Consent to Medical and Healthcare Treatment Manual</a></li> </ul> <p><b>SESLHD</b></p> <ul style="list-style-type: none"> <li>• <a href="#">SESLHDPR/343 - Bare Below the Elbows – Hand Hygiene</a></li> <li>• <a href="#">SESLHDGL/076 - Intramuscular Injection in Mental Health</a></li> </ul> <p><b>Others</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Clinical Excellence Commission: Infection prevention and control practice handbook (2017)</a></li> <li>• <a href="#">Australian Commission on Safety and Quality in Healthcare: National Inpatient Medication Chart User Guide (2016)</a></li> <li>• <a href="#">Hunt, C. 'Which site is best for an IM injection?' <i>Nursing</i> Vol 38, Issue 11, p62 November 2008</a></li> <li>• <a href="#">Cocoman, A. &amp; Murray, J. 'Recognising the evidence and changing practice on injection sites' <i>British Journal of Nursing</i> Vol 19, Issue 18, pp1170-1176 September 2010</a></li> <li>• <a href="#">Workman, B. 'Safe injection techniques', <i>Nursing Standard</i> Vol 13, Issue 39 pp47-53 June 1999</a></li> </ul>

	<ul style="list-style-type: none"> <li><a href="#">National Safety and Quality Health Service (NSQHS): Standard 1. Governance for Safety and Quality in Health Service Organisations (1.2, 1.5); Standard 4. Medication Safety (4.1).</a></li> </ul>
<b>Executive Sponsor</b>	Angela Karooz, General Manager, MHS SESLHD
<b>Author</b>	Ben Chidester, Workforce Capabilities Nurse Educator, MHS SESLHD

## Revision and Approval History

Date	Revision Number	Author and Approval
July 2011	0	Original draft by Keri de Carlo, St George MHS Nurse Educator.
November 2011	0	Approved by SESLHD MHS Clinical Council.
November-December 2014	1	Edited and reformatted by Victoria Civils-Wood, SESLHD MHS Policy and Document Development Officer. Circulated to Nurse Educators for comment and relevant feedback incorporated.
January 2015	1	Circulated to Chief Psychiatrists for comment.
February 2015	1	Endorsed by MHS Clinical Council.
April 2018	2	Initial reviewed completed by Trinh Huynh, SESLHD MHS Policy and Document Development Officer. Reviewed by Ben Chidester, SESLHD MHS Workforce Capabilities Nurse Educator.
June 2018	2	Updated by Ben Chidester, SESLHD MHS Workforce Capabilities Nurse Educators. Revised by Dr. Peter Young, SESLHD MHS A/Clinical Director. Review by Kate Clezy (Infection Control Specialist, POWH).
July 2018	2	Feedback from Kim Reid and Kiralee Bray incorporated by Ben Chidester.
August 2018	2	Feedback from Angela Karooz, SESLHD MHS Clinical Nurse Manager incorporated. Endorsed (out of session) by DDDCC. Note: Draft guideline under development. Endorsed by SESLHD MHS Clinical Council.
August 2018	2	Processed for publishing by Executive Services.
June 2019	3	Risk rating reduced from Medium to Low Inclusion of reference to SESLHDGL/076 Intramuscular Injection in MH
July 2019	3	Minor Review, referencing SESLHGL/076 and Executive Sponsor updated to Angela Karooz. Approved by Executive Sponsor. Endorsed by SESLHD MHS DDCC Endorsed by SESLHD MHS Clinical Council.
August 2019	3	Published by Executive Services.
August 2020	3.1	Updated to reflect new NSW Health Consent Policy Endorsed SESLHD MHS Document Development and Control Committee Endorsed SESLHD MHS Clinical Council
May 2021	3.1	Approved by Executive Sponsor.