

Administering a Subcutaneous Injection

Female1: Hi, Renee. So you're going to show us how to do a subcutaneous injection today.

Female2: Correct. So I've prepared my medication. I've brought my MAR to the bedside, my syringe should always be labeled. Two patient identifiers plus the drug and the dose and date and the time and who prepared it. Because you want to make sure when you get to the bedside that what you're going to put into the patient is indeed what you prepared. So I've asked my patient for two identifiers and they've confirmed that.

F1: How do you decide where to give this subcutaneous injection?

F2: So subcutaneous means in the fatty tissue, so just below the dermis and the epidermis. So we only have to go-- some literature says millimetres down under the skin. You're going to assess your patient for body mass. A one-inch needle will do for most adults and even small children. Some of the literature says that when you go and you do your pinch, you measure the base of that pinch and you estimate needing a needle half as long as the width of the tissue you've pinched.

F1: So between here and here?

F2: Yeah, and you go for half of that distance. So in my arm it's about an inch of a pinch. So I would go for a half-inch needle. But I don't have a half-inch needle so I'm going to use a one inch and not put it in all the way.

F1: Okay, is this the only place we can give it in the back of the arm?

F2: No, depending on your medication, insulin is recommended in abdomens and

thighs. Some of the literature is specific about which insulins should go in each of those sites, but generally your rapid insulins go into your abdomen. There are other subcutaneous sites as well. You could just Google some charts and you will see a whole bunch of places on the body that you could do this.

F1: Okay.

F2: Okay, so I'm going to find my site. Clean it. Now the difference between your subcutaneous injection and your intramuscular is your chances of hitting a blood vessel are very low, so you don't aspirate on subcutaneous injections. So I'm going to hold my pinch. I'm going to go at a 45-degree angle. Poke. Inject. Pull out.

F1: So we don't have to z-track or anything with these.

F2: No.

F1: No aspirations.

F2: Exactly.

F1: Okay, and a 45-degree angle.

F2: Forty-five degree. If somebody has a lot of subcutaneous or adipose tissue you could go 90 degrees. That takes some skill level and experience of seeing lots of different bodies and body masses to make that decision.

F1: Okay, and then?

F2: Then we will chart.

F1: Okay, is there any special protective precautions other than the one glove?

F2: Well, the glove is controversial too. The Centre for Disease Control will always ask you to do a point of care risk assessment. If you believe you're at risk for

exposure to blood or body fluids, protect yourself. I know lots of nurses that do use a clean glove during a subcutaneous injection and lots don't.