

## **Landmarking - Ventrogluteal - Administering an IM Injection - Using Z track**

Female1: So we're going to do another IM but using another site. What's this one called?

Female2: This one's called ventrogluteal. It's the muscle on the side of your hip.

F1: Okay. We used to [use] dorsogluteal. Do we do that one anymore?

F2: Yes, way back in the day. So now we're aging ourselves. We used to [use] dorsogluteal [sites] all the time. But there are too many nerves and too many blood vessels in that site and there have been too many injuries and as such it's been removed from all of the procedure manuals.

F1: Okay, so it's always ventrogluteal.

F2: Yes. I've prepared my medication. I have my MAR at my bedside. 'Can you tell me your name and birthdate, please?'

Male: Ross Giller, March 3rd, 1999.

F2: Awesome. So I have your morphine for you, Ross. I'm going to put it into your hip. I've checked his I.D. band at the same time. So this time we just need to expose him a little bit. My landmarks this time are greater trochanter [and] the anterior superior iliac crest. I'm going to put the heel of my hand onto the greater trochanter. I'm going to point my thumb towards the groin. My index finger towards that ASIS and I'm going to make a V. And I'm going to do a poke test. Now depending on the size of your hand, I like the feel of this better than that.

F1: Yes, because this is very hard.

F2: Yes. So anatomically we're all kind of the same, but we're all a little bit different too. So that's why I suggest to students always do that poke test. So I'm going to

take my alcohol swab. And I'm going to clean that site, again, from the inside out.

Leave my corner pointing to where I need it to be. Z track. Just a little bit of a displacement. Stab. Grab. Aspirate. Inject. And then pull out.

F1: So is there a sequence, like when you go to pull out, can you let go of your Z track? Or do you do it all at the same time?

F2: Really good question. I haven't given an IM injection for a long time because they are sort of fading away [meaning they aren't given often in acute care]. But where we see IM injections most of the time is in flu clinics. But flu clinics don't Z track. And in flu clinics, or any time they give you immunizations they don't aspirate. There's a different body of research. Aspiration is one of those controversial things right now that we may see goes the way of the dodo bird in the future. Even the literature's inconsistent on whether or not we should be aspirating. What do you do in your practice? Do you let the Z go?

F1: Yes, you can let the Z go because you've pulled it over and you've got the needle in it. So when you push it back, as soon as you're pulling out the [the needle, the] tissue will move over. So the whole thing is to think of the needle going down as well. And the tissue will move back over top of it so-- that's okay to do that.

F2: Okay. Great.