SECTION 8B: PUMPS & DRUG ADMINISTRATION	POLICY: 8B.30
POLICY: SUBCUTANEOUS INJECTIONS	PAGE: 1 OF: 3

PURPOSE:

- To safely deliver medication via subcutaneous injection.

POLICY:

- Subcutaneous injections shall be administered in accordance with this policy (unless other policies/instructions are specified by the dispensing pharmacy), by registered nurses who are educated and trained in subcutaneous administration and the medication / therapy.

- Subcutaneous injections may be self-administered by clients who have been educated by a registered nurse and successfully demonstrated the ability to administer independently.

SPECIAL CONSIDERATIONS:

- Hand hygiene will always be performed before and after palpating subcutaneous insertion sites, applying topical anesthetic cream if ordered, inserting, replacing, or accessing a subcutaneous catheter, dressing a subcutaneous site, and discontinuing subcutaneous access.

- Site selection for subcutaneous access should include areas with adequate subcutaneous tissue with intact skin such as upper arms, abdomen, and anterolateral thighs.

    - Preferred insertion sites for infants are the posterior aspect of upper arm and anterolateral aspect of upper thigh

    - If the patient is obese, pinching the tissue may be useful and ensure the needle is long enough to insert through fatty tissue

    - For patients with significant fatty tissue, the needle should be inserted at a 90-degree angle

    - For patients with minimal fatty tissue, the needle should be inserted at a 45-degree angle

- Avoid the 2-inch diameter around the umbilicus, bony prominences, tumor or radiation sites, areas of induration, inflammation, infection, edema, ascites, broken skin, bruises, masses, abrasions, moles, burns, scar tissue or areas near central lines.

- If administering more than one medication, use a separate site for each medication.

PROCEDURE: RN Administration

1. Perform hand hygiene before patient contact and maintain proper hand sanitization throughout the procedure.
2. Verify the correct patient using two identifiers.
3. Explain the procedure to the patient/caregiver.
4. Verify the MD order for proper dosage. Verify expiration date and inspect the medication for particulates, discoloration, or other loss of integrity as defined by the manufacturer.
5. Obtain a set of baseline vital signs.
6. Draw up medication from vial per manufacturer's instructions. If medication is supplied in a pre-filled syringe, operate syringe per manufacturer's instructions.
7. Palpate and assess for best subcutaneous site. It is important to rotate sites for repeated injections/infusions.
8. Ensure the patient is in a comfortable position for optimal relaxation of skin and muscles to help minimize discomfort.
9. Prepare the skin by swabbing the injection/infusion site(s) with a clean, single-use alcohol swab, starting at the center, and moving in a circular motion outward. Allow the skin to dry completely.
10. **Pinch method:** Grasp the skinfold at the site with your thumb and forefinger.
11. Insert the needle quickly and inject the medication slowly.
12. Keep needle in skin after injection for 5 seconds to prevent the medication from leaking out.
13. Withdraw the needle quickly and smoothly.
14. Utilize safety device on needle if available and/or discard the needle in a sharps container.
15. Place gauze over the site and apply gentle pressure.
16. Assess the site for any complications and apply an adhesive bandage if needed.

PROCEDURE: RN Teaching Patient/Caregiver to Administer

If teaching the patient/caregiver to administer the medication independently the same steps above are applicable. In addition, the Agency nurse shall:

- Assess the client's learning readiness and ability to pay attention and perform the required tasks.
- Explain the purpose of the medication, why this route is preferred, and why site rotation is important.
- Instruct the client regarding the potential side effects of the medication, including delayed hypersensitivity and anaphylaxis, which can potentially occur after the patient has received several doses of the medication.
- Explain that the medication should be taken as prescribed until the MD/provider directs otherwise.
- Allow the patient/caregiver to discuss any unresolved questions or concerns about the medication
- Proceed to teach the patient/caregiver the techniques for administration.
- Observe and document when the client has successfully verbalized and/or demonstrated independence with medication administration and related therapy education elements.

DOCUMENTATION:

- A set of baseline vitals and a one set of vitals ~10 - 15 minutes post injection
- Any comfort interventions provided
- Manufacturer lot number and expiration date
- Patient's response to medication, including any adverse reactions
- **If teaching the Client to self-administer,** each clinical note must include the patient/caregiver's progress toward the goal of independence. The narrative note should specify what steps/goals the client has accomplished and what additional teaching / education elements they still need to achieve. If any concerns exist regarding their ability to perform any tasks and/or become independent, it should be documented in the note and reported to the Agency.