

Objectives

At the completion of this module, unlicensed assistive personnel (UAP) should be able to:

1. administer medications by intradermal injection.
2. document medication administration in the client's healthcare record.

Intradermal injections are used to inject a very small amount of medication (e.g., 0.01 to 0.1 mL) into the dermal layer just under the top layer of the skin. This method of medication administration is commonly used for tuberculosis screening and allergy testing.

NOTE:

1) The RN or LPN is permitted to delegate **ONLY** after application of all components of the NCBON Decision Tree for Delegation to UAP and **after careful consideration that delegation is appropriate:**

- a) for **this** client,
- b) with **this** acuity level,
- c) with **this** individual UAP's knowledge and experience, and
- d) **now** (or in the time period being planned).

2) Successful completion of the "Infection Control" module by the UAP should be documented prior to instruction in medication administration by this or ANY route.

Procedures

1. Communicate to the UAP any special information needed prior to the administration of the medication.
2. Cleanse hands and observe other appropriate *infection control procedures.
3. Gather appropriate materials.
 - Gloves
 - Appropriate syringe – 1 mL tuberculin syringe
 - Appropriate size needle - 1/4 to 5/8 inch length with #25 to #27 gauge needle as directed by the licensed nurse in the plan of care or per agency policies and procedures
 - Antiseptic or alcohol swab

**Delegation of Medication
Administration to
Unlicensed Assistive Personnel (UAP)**

**Administering Intradermal Injections
Module/Skill Checklist**

- Medication ampule or vial
 - Client's medication administration record or medical order
 - Adhesive bandage (as indicated)
4. Prepare work area to be clean and well lit.
 5. Check for client allergies by:
 - asking the client about their allergies, and
 - reviewing the Medication Administration Record (MAR), plan of care, and/or client medical record.
 6. Verify the **SIX RIGHTS** of medication administration:
 - Right client and right MAR
 - Right medication
 - Right dose
 - Right time
 - Right route
 - Right documentation is performed after the medication administration
 7. Verify **RIGHT MEDICATION** by comparing the MAR against the label of the medication:
 - when it is taken from the medication cart/drawer,
 - before withdrawing the medication, and
 - after withdrawing the medication.
 8. Check the expiration date of the medication.
 9. Prepare the **RIGHT DOSE** of medication for the **RIGHT ROUTE**.

MEDICATION INJECTION PREPARATION

Medication Vial:

- Use ****sterile** technique to assemble the syringe and needle.
- Remove the vial cap and cleanse the rubber top with an alcohol swab.
- Remove the needle guard maintaining ****sterile** technique and pull back on the syringe plunger to fill it with the amount of air equal to the amount of medication to be withdrawn. Attach a filter needle as required by agency policy.

- Place the vial upright on a flat surface. Carefully insert the needle into the center of the rubber cap maintaining sterile technique. Inject air into the vacant area of the vial keeping the needle bevel above the surface of the medication.
- Withdraw the prescribed amount of medication using one of two methods.
 - i. Hold the vial down with the base lower than the top. Guide the needle tip so that it is below the fluid level and slowly withdraw the desired amount of medication.
 - ii. Invert the vial and guide the needle tip so that it is below the fluid level. Slowly withdraw the desired amount of medication.
- Hold the syringe and vial at eye level to determine the correct dosage of medication is withdrawn into the syringe. Withdraw a slight amount more medication (e.g., 0.25 mL) than ordered.
- Gently tap the syringe barrel to dislodge any air bubbles and expel as necessary.
- If a filter needle is used, remove and replace with the needle to be used for the injection while maintaining sterile technique. If changing needles prior to injection, replace with the needle to be used for the injection while maintaining sterile technique.
- Expel air from the new needle and verify the correct medication volume before administration.
- Write the date, time, and initials if opening a multi-dose vial.

Medication Ampule

- Flick or tap the ampule stem to release all the medication fluid to the base of ampule.
- Hold the ampule base and grasp the ampule stem using an alcohol swab or dry gauze. Snap the ampule stem off so that it breaks away from the person preparing the medication.
- Attach a filter needle to the syringe maintaining **sterile technique.
- Place the ampule on a flat surface or invert the ampule.
- Remove the syringe needle guard and insert the filter needle into the center of the ampule while maintaining **sterile technique.
- Gently aspirate to withdraw the medication. Tilt the ampule slightly to the side as needed. Withdraw a slight amount more medication (e.g., 0.25 mL) than ordered.
- Remove the filter needle and replace it with the needle to be used for the injection maintaining sterile technique.
- Dispose of all needles and ampule parts in the appropriate container.
- With the syringe at eye level, push the medication solution to the prescribed amount.

Note: Change the needle on the syringe after withdrawing the medication and before injection as directed by the licensed nurse in the plan of care, and as required by agency policies and procedures.

10. Identify the **RIGHT CLIENT** (client's identity) for medication administration using agency protocol.
11. Explain the procedure to the client.
12. Put on clean gloves.
13. Select a site for the injection. The site selection is directed by the licensed nurse in the plan of care or per agency policies and procedures. The site should be free of scars, hair, lesions, bruises, edema, and skin irritation. Sites for injection are the:
 - inner aspect of the forearm below the antecubital space and above the wrists,
 - upper chest, and
 - back scapulae area.
14. Administer the medication at the **RIGHT TIME**.

Medication Administration:

- Cleanse the area with an alcohol swab using a circular motion moving from inside outward. Allow the alcohol to dry.
- Place and hold the swab in nondominant hand between the third and fourth fingers or on the client's skin above the intended injection site.
- Remove the needle guard or cap maintaining **sterile technique.
- Expel any air bubbles from the syringe by gently pushing the plunger forward.
- Gently pull the client's skin tight at the injection site, with the forefinger and thumb of the non-dominant.
- Hold the syringe between the thumb and forefinger of the dominant hand with the needle placement almost parallel to the surface of the skin. The needle bevel should face upward.
- Slowly insert the needle at a 5 degree to 15 degree angle; no more than 1/8 inch below the skin.
- Slowly inject the medication while observing the site for bleb formation.
- Withdraw the needle at the same angle as inserted. Activate the needle safety device.
- Pat the site with dry gauze. Do not massage the area.

- Apply a bandage if indicated.
- Dispose of needle and syringe in an appropriate container.
- Circle the injection site with a pen for future assessment. If more than one test site is being performed, number the injection sites.

15. Remove and discard gloves, Cleanse hands.

16. Implement the sixth right of medication administration, **RIGHT DOCUMENTATION**. Documentation of medication administration on the client's MAR and/or client record includes:

- Date and time of administration
- Medication and dosage
- Route of medication administration
- Site of administration
- Signature of person administering the medication

NOTE: If the client refuses the medication, document this in the MAR and/or client chart. The UAP is responsible for reporting this to the person delegating and supervising the medication administration. Medications that are not administered within the agency approved time period for administration should be documented. Dispose of the medication according to agency policy.

17. Maintain security of medications during medication administration and insure the medication cart/cabinet/room is locked when not in direct attendance.

*** Information to support the teaching of hand hygiene and use of gloves is located in the teaching module “Principles of Infection Control”.**

**** Information to support the teaching of standard precautions for medication administration and sterile technique are located in the teaching module “Principles of Infection Control”.**

CONSIDERATIONS FOR THE LIFE SPAN

Pediatric Clients:

- Obtain assistance to immobilize or restrain the client as needed.
- Demonstrate to the child, the injection procedure on a doll or teddy bear using a syringe without a needle.

Geriatric Clients:

- Use caution during insertion into aging fragile skin.
- Apply gentle pressure when withdrawing the needle.

SKILL CHECKLIST

Student Name (print)

ID Number

<u>SKILL PERFORMANCE OBJECTIVES</u>	<div style="text-align: center;"> ✓ Pass <hr style="border: none; border-top: 1px solid black;"/> x Not Yet </div>	<u>COMMENTS</u>
1. Obtain any special information needed prior to the administration of medication.		
2. Cleanse hands; observe infection control procedures.		
3. Gather materials and supplies.		
4. Prepare work area: clean and well lit.		
5. Check for client allergies: <ul style="list-style-type: none"> ▪ Ask client about allergies ▪ Review MAR for allergies 		
6. Verify Six Rights of medication administration: Client, medication, dose, time, route, documentation		
7. Verify the right medication by comparing MAR against medication label: <ul style="list-style-type: none"> ▪ When taken from the medication cart/drawer ▪ Before withdrawing the medication ▪ After withdrawing the medication 		
8. Check expiration date of medication.		
9. Prepare the right dose of medication for the right route. <ul style="list-style-type: none"> ▪ Prepare medication from a vial ▪ Prepare medication from an ampule 		
10. Identify the right client for medication administration.		
11. Explain the procedure to the client.		
12. Put on clean gloves.		
13. Select the site for injection as directed by the licensed nurse or per agency policies and procedures: <ul style="list-style-type: none"> ▪ inner aspect of the forearm below the antecubital space and above the wrist ▪ upper chest ▪ back scapulae area 		

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Module/Skill Checklist**

14. Administer the medication at the right time intradermal.		
15. Remove and discard gloves. Cleanse hands		
16. Right documentation – record the medication administration on client’s MAR: <ul style="list-style-type: none"> ▪ Date and time ▪ Medication and dosage ▪ Route ▪ Site ▪ Signature 		
17. Maintain security of medications and medication cart/room.		

a. Pass b. Redo

Evaluator Name

Date