TEACHING PLAN FOR: Subcutaneous Injections

PURPOSE: To outline the nursing responsibilities for educating the patient/significant other on the correct way to administer a drug subcutaneously.

DESIRED PATIENT OUTCOMES:

1. Patient/significant other will verbalize understanding of and demonstrate the 3 steps for administration of a subcutaneous injection:

   a. setting up for self injection

   b. selecting and preparing the injection site

   c. preparing and injecting the dose

CLINICAL ASSESSMENT AND CARE:

1. Assess patient/significant others ability to learn necessary information before discharge.

2. Assess patient/significant others ability to verbalize understanding for and return demonstrate subcutaneous injections.

3. Setting up for self injection:

   a. If medication is stored in the refrigerator, remove the vial and let it reach room temperature.

   b. Make sure it is the medication your doctor prescribed. Check the expiration date on the vial. Do not use a medication with an expired date. If the medication has particles or is discolored, do not use it and check with a health professional.

   c. Clean your work area, preferably with alcohol.

   d. Wash your hands with liquid soap.

   e. Assemble supplies:

      - vial
      - sterile disposable syringe
      - alcohol swabs
      - puncture-proof disposal container.

4. Selecting the injection site:

   a. Find the site for injection:
      1) Back of the arms

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2) Abdomen, except for the one-inch area surrounding the naval and waist
3) Upper thighs

b. Clean injection site with an alcohol swab. Use circular motions. Keep the used alcohol swab nearby.

5. Preparing the dose:

a. Remove the colored cap from the vial, exposing the rubber stopper.

b. Clean the rubber stopper with a fresh alcohol swab, then cover the stopper with the swab.

c. Remove syringe from its packaging. (If the sterile covering is open, dispose of that syringe in the puncture-proof disposal container.)

d. With the needle cover on, pull back the plunger and draw air into the syringe. The amount of air drawn into the syringe should be the same volume as the dose of medication your doctor prescribed.

e. Pull the needle cover straight off.

f. While keeping the vial on a flat surface, put the needle straight through the rubber stopper.

g. Push the plunger of the syringe down and inject the air into the vial.

h. Keeping the needle in the vial, turn the vial upside down and make sure that the needle is in the liquid medication, beneath the level of the liquid

i. Slowly pull back on the plunger and let the medication enter the syringe, filling up the dose your doctor prescribed.

j. Check for air bubbles in the syringe. Air bubbles are harmless but can reduce the dose you should be receiving. To remove the air bubbles, gently tap the syringe until the bubbles rise to the top of the syringe barrel. Then push the plunger, forcing the air out of the syringe (except Enoxaparin [Lovenox] – Leave air bubble in to ensure all med is given) and once again pull the plunger back to the number that correctly matches the amount of your dose. Double-check for air bubbles. Repeat this procedure if necessary.

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k. Double-check for your correct dose.

6. Injecting the dose:

   a. Take the needle out of the vial and hold the syringe in the hand with which you will inject yourself.

   b. Use the other hand to pinch a fold of the previously prepared injection site.

   c. Hold the syringe the way you would a pencil and insert the needle either straight up and down (90° angle) or at a slight angle (45°) to the skin.

   d. After the needle is in, let go of the skin. Pull plunger back slightly. If blood appears, do not inject. Withdraw syringe and inject in a different place. (Note: if administrating Heparin do not instruct patient regarding this procedure.)

   e. Slowly push down on the plunger all the way, until all the medication is gone from the syringe.

   f. As you pull the needle out of the skin, place the alcohol swab over the injection site.

   g. Place the syringe into the puncture proof disposal container without replacing the needle cover.

7. Ensure patient is set up with VNA or some home health agency to review and reinforce teaching already done.

DOCUMENTATION:

1. Document learning needs on Patient and Family Teaching Record.

2. Document patient response to teaching on Patient and Family Teaching Record and/or in patient progress notes per unit/department documentation standards.

EFFECTIVE DATE: 4/94

REVISION DATES: 5/03, 9/03, 12/05