



## OSCE Checklist: Intramuscular Injection

Introduction	
1	Introduce yourself to the patient including your name and role
2	Confirm the patient's name and date of birth
3	Briefly explain what the procedure will involve using patient-friendly language
4	Check the patient's understanding of the medication being administered and explain the indication for the treatment
5	Gain consent to proceed with intramuscular injection
6	Check for any contraindications to performing an intramuscular injection
7	Check if the patient has any allergies
8	Ask if the patient has a preferred injection site. If the patient is receiving regular intramuscular injections, ensure that the injection sites are rotated
9	Adequately expose the planned injection site for the procedure (e.g. deltoid)
10	Position the patient so that they are sitting comfortably
11	Ask the patient if they have any pain before continuing with the clinical procedure
12	Wash your hands
13	Gather equipment
Final checks	
14	Right person: ask the patient to confirm their details and then compare this to the patient's wrist band (if present) and the prescription
15	Right drug: check the labelled drug against the prescription and ensure the medication hasn't expired
16	Right dose: check the drug dose against the prescription to ensure it is correct
17	Right time: confirm the appropriate time to be administering the medication and check when the patient had previous doses if relevant
18	Right route: check that the planned route is appropriate for the medication you are administering
19	Right to refuse: ensure that valid consent has been gained prior to medication administration
20	Right documentation of the prescription and allergies: ensure that the prescription is valid and check the patient isn't allergic to the medication you are going to administer
Performing the intramuscular injection	
21	Wash your hands
22	Don some gloves and an apron
23	Draw-up the appropriate medication into the syringe using a drawing-up needle
24	Remove the drawing-up needle and immediately dispose of it into a sharps bin, then attach the needle to be used for performing the injection
25	Choose an appropriate site for the injection

<b>26</b>	Position the patient to provide optimal access to your chosen site	
<b>27</b>	Clean the site (if appropriate)	
<b>28</b>	Gently place traction on the skin with your non-dominant hand away from the injection site, continuing the traction until the needle has been removed from the skin. If the patient is elderly with reduced muscle mass or the patient is emaciated, do not apply traction, instead, bunch the muscle up to ensure adequate bulk before injecting.	
<b>29</b>	Warn the patient of a sharp scratch	
<b>30</b>	Holding the syringe like a dart in your dominant hand, pierce the skin at a 75 - 90° angle. Insert the needle quickly and firmly, with the bevel facing upwards, leaving approximately one-third of the shaft exposed (however this varies between sites and patients).	
<b>31</b>	Aspirate to check the location of the needle (if appropriate)	
<b>32</b>	If aspiration does not reveal evidence of intravascular needle placement, inject the contents of the syringe whilst holding the barrel firmly. Inject the medication slowly at a rate of approximately 1ml every 10 seconds.	
<b>33</b>	Remove the needle and immediately dispose of it into a sharps container	
<b>34</b>	Release the traction you were applying to the skin	
<b>35</b>	Apply gentle pressure over the injection site with a cotton swab or gauze. Do not rub the site.	
<b>36</b>	Replace the gauze with a plaster	
<b>37</b>	Dispose of your gloves and equipment into an appropriate clinical waste bin	
<b>To complete the procedure...</b>		
<b>38</b>	Explain to the patient that the procedure is now complete	
<b>39</b>	Thank the patient for their time	
<b>40</b>	Wash your hands	
<b>41</b>	Discuss post-injection care	
<b>42</b>	Document the details of the procedure and the medication administered	