

OKLAHOMA DEPARTMENT OF CORRECTIONS
NURSING PRACTICE PROTOCOLS
Medication/Vaccine Injection

MSRM 140117.01.12.20
(D-9/2023)

ALL MEDICATIONS MUST HAVE A CORRESPONDING ORDER DOCUMENTED IN THE INMATES EHR. IF THERE IS NO DOCUMENTED ORDER, WRITE A VERBAL ORDER AND ASSIGN TO THE HEALTH CARE PROVIDER FOR SIGNATURE.

Chief complaint: _____ **Allergies:** _____

Medication/Vaccine: _____

Vaccines that DO NOT require a medical providers order: Covid 19, Influenza, Pevnar 20, H1N1, Hepatitis A & B, or Tetanus

Vaccines that DO require a medical providers order: Meningitis, Meningococcal B, Gardasil, Varicella, Shingles

Safety:

1. Observe universal (standard) safety precautions.
2. Wash hands with soap and water before and after each injection. Apply gloves.
3. Needles and hubs are single use and are disposed of in an appropriate 'sharps' container as one unit.
4. Pinching the skin is not necessary when giving an intramuscular injection. Pinching the skin may cause you to deliver the injection into the subcutaneous layer instead of the muscle. Instead, use your non-dominant hand to slightly stretch the skin at the injection site.
5. Do not rub the injection site. Massaging the injection site may force the medication from the muscle into the skin layers, reducing the absorption of the drug. It can also cause bruising.
6. In the case of an accidental needlestick, immediately wash the area with an antibacterial soap, express blood from the wound, and contact your supervisor.

Procedure:

- Syringe logged out in syringe log book.
- Medication confirmed with provider's order.
- Inmate identified, privacy provided and procedure explained.
- Medication 5 rights confirmed - right dose, right medication, right patient, right route, right time.
- Hands washed/sanitized and gloves applied.
- Syringe prepared with medication. Syringe: _____
- Injection site identified and is free of pain, infection, necrosis, bruising and abrasions.
- Injection site cleansed with alcohol swab and air dried.
- Injection site:
 - Left upper arm (deltoid)
 - Right upper arm (deltoid)
 - Left lateral thigh (vastus lateralis)
 - Right lateral thigh (vastus lateralis)
 - Left buttock (dorsogluteal)
 - Right buttock (dorsogluteal)
 - Left hip (ventrogluteal)
 - Right hip (ventrogluteal)
 - Abdomen Upper Left Quadrant Upper Right Quadrant Lower Left Quadrant Upper Right Quadrant
- No bleeding, swelling or redness observed.
- Applied: (check all that apply)
 - Band-Aid Gauze Cotton ball Tape Coban Inject-sage barrier bandage
- Inmate tolerated procedure, voiced no concerns
- Sharps disposed into biohazardous container. Gloves removed. Hands washed.
- Medication/injection documented as administered on eMAR.
- Vaccine consent obtained.
- Education/Intervention: Instructed to seek medical attention for signs of high fever with chills, increasing redness, warmth, swelling, or pain at injection site, pus-like discharge, red streaks spreading outward from injection site. Inmate verbalizes understanding of instructions.

Progress Note: _____

RN/LPN/CMA Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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