

BRAZOS VALLEY COMMUNITY ACTION AGENCY, INC.
Health Services

Policies and Procedures

Policy Subject/Title: Subcutaneous Injection in Pediatric Patients
Applicability: Pediatric Patients
Purpose: To provide education to the staff regarding the standard of care expected to be provided to pediatric patients receiving subcutaneous injections.

Policy:

Subcutaneous injections are administered according to established procedure in pediatric patients.

Procedure:

*****Always Check for Allergies First**

- 1) Check the medication order and confirm dosages and route of administration.
- 2) Wash hands.
- 3) Obtain medication and read the label to verify with the order. Check for expiration date; if expired, do not administer.
*To decrease chance of medication error, patient, route, dose, frequency, and time to be administered must be verified each time a medication is administered.
- 4) Check the amount of medication to be administered to determine syringe size and appropriateness for the child. (see Table below). Limit volume according to the age of the child and the size of the muscle used.
- 5) Choose appropriate needle gauge and length for the medication, child size, and site (see Table below). Do not use a needle longer than $\frac{5}{8}$ inch.

Table: Needle Length and Size Recommended for Subcutaneous Injection

	Length	Gauge	Amount of Infusion
Adolescent	$\frac{1}{2}$ to $\frac{3}{4}$ inch	25 - 27	0.5 - 1 mL
Infant or child	$\frac{3}{8}$ inch	25	No more than 0.1 mL for intradermal No more than 0.5 mL for subcutaneous to small child or 1 mL to preschool-aged or school-aged child

- 6) Draw up correct amount of medication into the syringe, If there is a large volume of medication, more than one injection may be needed.
- 7) Take syringe with medication to the child to administer.
- 8) Put on non-sterile gloves.
- 9) Evaluate the child's subcutaneous tissue; choose the most appropriate site considering the adequacy and condition of subcutaneous tissue and duration of therapy.
*Common sites for subcutaneous injections in pediatric patients are the anterolateral aspect of the thigh or the upper outer triceps area of the upper arm.
- 10) If appropriate, give the child choices e.g. which leg or arm.
- 11) Restrain the child securely. Assess the need for additional help holding the child, and obtain help as indicated.
- 12) Cleanse the site with antiseptic swab using a circular motion starting at the center of the site and moving outward for about 2 inches and allow the area to dry thoroughly.

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- 13) Grasp the site and elevate the tissue. Insert the needle quickly at a 45- to 90-degree angle. Aspirate to check for blood. If blood is in the syringe, withdraw the needle and discard the syringe and solution appropriately. Prepare a new injection and repeat the steps to administer the injection. If blood is not present, slowly inject the medication.
- 14) Withdraw the needle and apply pressure over the site with a gauze.
- 15) Place adhesive bandage over site.
- 16) Dispose of needle and syringe in sharps container immediately after use. **DO NOT RECAP THE NEEDLE.** Remove gloves and wash hands.
- 17) Comfort the child and have the parent comfort the child after the injection.
- 18) Document the medication that you administered: Name, dosage, time, route of administration, how the patient tolerated the injection and sign with your complete signature.

Resource:

Bowden and Greenberg's Pediatric Procedure, ed. 1
Red Book, 26th Edition, American Academy of Pediatrics, copyright 2003.