

Evidence Based IM Injection Practice

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Abstract

This evidence-based study of literature investigated best IM injection practice. The review was based on evidence from 3 main sources, all found on the CINAHL database. The three studies were reviewed and assessed, and best practice was found to be recommended. The first article found that several healthcare workers use different methods and techniques when administering IM injections, this leads to incorrect administration or injections not evidence based. The second article found that in order administer IM injections effectively, 5mm penetration into the muscle is needed. Therefore, skin bunching is not recommended for the reasoning that it creates a greater skin to muscle distance, with the possibility of not reaching the muscle. The third research article examined decreasing pain whilst administering IM injections. The results found that skin traction and pressure, opposed to skin bunching or no traction at all, decreases pain when administering injections IM. With mass vaccine administration taking place around the world this very moment, it is an absolute necessity that IM injections are being performed correctly and in accordance with evidence-based practice. Needle size selection must be chosen based on the patients BMI. Skin traction, opposed to skin bunching is the proper way to administer IM injection to ensure the medication or vaccine reaches the muscle. Making IM injection as painless as possible is important to ensure adherence to the full completion of vaccine doses.

Keywords: Vaccine, IM Administration, COVID, Evidence-based practice