إدارة الخدمات الطبية Medical Services Administration





5497-313-36-f9JK7CcTVQjMFAnEb8ZQQQ==-6/20/202**34920**24936Mf9JK7CcTVQjMFAnEb8ZQQQ==-6/20/2023 11:20:40 AM

Policy Title: Intra-muscular injection			
Department/Unite:	Policy Number:	Replaces No:	
Nursing Unit.	UOJ-MSA-NR-P/09		
Creation Date: 10/12/2022	Effective Date:	Review Date:	

Revision History			
Subject	Changes made	Done by	Revision date
5	4 97-313-36-f9JK7CcTVQJMFAnEb8	ZQQQ==-6/20/2	023 11:20:40 AM

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Enc: الرفع المرفقات: Ref.:UOJ-MSA-NR-P/09 الرفع Ref.:Uoj-MSA-NR-P/09 ها ها ها المرفقات المرف

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1. **CONDITIONS:** 1.1 All Staff of Nursing Unit.

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2. PURPOSE:

2.1 To assure proper insertion of ordered medication applying the intramuscular method.

3.1 Intramuscular Injection (IM, IMI): The insertion of ordered medicine by applying needle and syringe into the fibrous tissue lying under the subcutaneous tissue of the skin.

4. Related N/A

Documents:

5. POLICY: 5.1 It is the policy of UJ that intramuscular injection is administered with secure and convenient manner and according to doctor's order.

6. PROCEDURES: 6.1 Collect medication kit, Check doctor's order.

6.2 Know right dose, aim of order, and side effects of the medicine to be given

6.3 Execute hand washing.

6.4 Read the doctor's prescription and choose the correct medicine.

6.5 Review expiry date and calculate the dose if needed.

6.6 accordingly, pull medicine from an ampule or vial.

6.7 Take medicine kit to the patient's bedside neatly.

6.8 assure that the medicine is given at the true site.

6.9 Do hand washing.

6.10 Keep privacy by Closing the door to the room or withdraw the bedside curtain.

6.11 Assess patient prior to the administration of medicine e.g. allergies.

6.12 clarify indication of the medication to the patient.

7. RESPONSIBILITIES 7.1 All staff of Nursing Unit.

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8. Appendix: 8.1 History and Physical Examination

8.2 Progress Notes

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8.4 Patient/Family Education Form

8.5 Nursing Special Assessment Form.

8.6 Nutritional Assessment Form

8.7 Social Assessment Form

8.8 Nursing Re-assessment Form

9. REFERRANCES: 9.1 Ministry of Health Manual for Nursing Unit.

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Medical Services Administration





5497-3 Prepared By: TVO;MFAnE68ZQQQ==-6/20/2023 #9249 Recommended By: AnE68ZQQQ==-6/20/2023 11:20:40 AM

Name: Mrs. Esraa Saady

Position: Quality Representative, Nursing Unit

Date:

Signature:

Reviewed By:

Mrs. Areej Saymaldaher Name:

Position: Supervisor, Nursing Unit

Date: 01/05/2023

Signature:

Approved By:

Name:

Date:

Position:

Signature:

Name: Dr. Mansour Tobaigy

Position: Supervisor, Medical Services

Mrs. Ahlam Alrefai

Supervisor, Quality&Patient Safety Unit

Administration

Date:

Signature:

Reviewed By:

Name: Dr. Eman Balbaid

Position: Supervisor, General Clinics

Date:

Signature:

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