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**Injectable Medicines Policy for Children and Young People**

**July 2025**

**Document Profile**

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| 2021 | 1 | New policy – adapted from the Family Nursing & Home Care Injectable Medicines Policy for Adults |  |
| Sept 2022 | 1.1 | 2.3.2: Amended to encompass revised scope of practice for pre-registration student nurses, as per the Nursing and Midwifery Council ‘Future Nurse: Standard of proficiency for Registered Nurses’ (2018) | Mo De Gruchy |
| July 2025 | 2 | Whole document review.  Reference list checked and updated as necessary | Lyn Vidler |

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# INTRODUCTION

The use of injectable medication has many healthcare benefits for patients. The complexities associated with prescribing, preparing and administering injectable medicines means that there are greater potential risks for children and young people in comparison to other routes of administration.

NPSA alert 20 – Promoting safer use of injectable medicines (2007) – requires healthcare organisations to implement Standard Operating Procedures (SOPs) covering all aspects of the handling of injectable medicines. The procedures in this Policy are to be followed by staff, with reference to NMC standards (2018).

## Rationale

This Policy provides a framework that promotes the principles of the NPSA Alert 20 with the aim of reducing the risks to patients of injectable medicine use within FNHC.

## Scope

This Policy is for use by the Community Children’s Nursing Team and School Nursing Team. However, its use extends to all Child and Family Service Registered Nurses and Clinical Support Staff required to carry out the administration of an injectable medicine as part of their role. It covers the risk assessment when preparing and administering injectable medicines to children and young people requiring medication via an injectable route. Injectable routes covered in this Policy are:

* Intramuscular
* Subcutaneous
* Intravenous

Injectable medicines **not covered within this Policy are:**

* Intrathecal
* Epidural
* Other routes such as intra-arterial, intraventricular, intravitreal, intrapleural and intraocular.

It is expected that all members of the multidisciplinary team who may be involved in any part of the medicines trail with the administration of injectable medicines familiarize themselves with the content.

## Role and Responsibilities

### The Chief Executive Officer (CEO)

The CEO has overall responsibility for:

* The requirements for using this Policy are met and that adequate resources are made available to meet these requirements.
* Arrangements are in place for safe administration of injectable medicines.
* Any systems in place are the subject of periodic review by Management.

### Operational Lead

The Operational Lead is responsible for:

* Implementing this Policy, associated guidelines and SOPs within their areas.
* Monitoring compliance with the requirements of this Policy

### Line Managers/Team Leaders

* Those in charge of clinical areas/Line Managers/Team Leaders have a responsibility to ensure that all staff are aware of this Policy and to encourage and monitor compliance with it and its guidelines, protocols and procedures. Enable staff to access relevant training and assess staff competency.

### Registered Nurses.

All Registered Nurses are responsible for:

* Promoting and safeguarding the interests and wellbeing of the child and young person.
* Ensuring that no action or omission on their part, or within their sphere of responsibility, is detrimental to the interests, condition or safety of the child or young person.
* Acknowledging any limitations in their knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe manner.
* Reading, understanding and following this Policy and the associated SOP’s
* Completing appropriate training to carry out the procedures.
* Ensuring maintenance of work competencies to undertake the prescribing, preparation, administration and monitoring of injectable medicines as appropriate to role.
* Consulting with another Registered Nurse with appropriate competence for an independent check, where complex calculations are required (recognising that this check may need to be undertaken externally/off-site/remotely)
* Decisions to delegate tasks and duties to other people
* Avoiding any improper delegation to others, which compromises the interests, wellbeing or safety of the child or young person. (NMC 2018)

### Non-Registered Clinical Support Staff

Non-registered Clinical Support Staff are responsible for:

* Working within the framework of delegation to non-registrants.
* Undertaking the specified training and competency assessment for the specified training for an individual child or young person and a competency assessment at local level in relation to the task performed.
* Remaining under direct supervision of a Registered Nurse while competency is being assessed.

All staff are responsible for reporting ‘near misses’ and clinical incidents regarding the prescribing, dispensing and administration of medicines via the incident reporting system ASSURE. Report all potential adverse incidents in line with the FNHC incident reporting procedures.

### Student Nurses

Student Nurses who are undertaking part of their training with FNHC must be given every opportunity to become proficient in medicines related activities under appropriate supervision (NMC 2018).

When supervising a student in the administration of injectable medicines, the same principles regarding delegation and accountability apply. Registrants must clearly countersign the student’s signature on the patient’s drug chart and ensure this document is scanned onto EMIS. Student Nurses will remain under the direct and constant supervision of a Registered Nurse.

# POLICY

Injectable medicines should be prepared, administered and monitored only by healthcare staff and understand the risks involved, have been trained to use safe procedures, and have demonstrated their competence for the task.

This Policy is a supplement to the current version FNHC Medicines Policy and is to be read in conjunction with that Policy. All registered practitioners administering injectable medicines should draw their attention to the Critical Medicines List when risk assessing the patient for the prescribed treatment.

All aspects of the handling and administration of injectable medicines are safe and in accordance with good practice, including:

* Injectable medicines are prescribed correctly and appropriately
* Injectable medicines are accurately, appropriately and safely prepared
* Injectable medicines are accurately, appropriately and safely administered.
* Patients receiving injectable medicines are appropriately monitored
* Incidents and errors involving injectable medicines are minimized
* Infection prevention and control (IPAC) measures should be taken to reduce the risks associated with injectable medicines, please refer to relevant policies.

All Registered Nurses who administer intravenous antibiotics must carry adrenaline at 1mg/ml (1:1000) concentration for intramuscular administration.

Although not professionally registered, Clinical Support Staff are required to meet the same standard of practice as any competent professional within the agreed scope of their role.

## Risk Assessment.

All registered staff must undertake a risk assessment of the patient and the environment prior to any injectable medicine being administered. If any concerns are raised this should be discussed with the prescriber; namely the child or young person’s Consultant or the medical team on Robin Ward overseeing the care of the patient before administering medication.

## Prescribing

All clinicians involved in the administration of injectable medicine **must** check that all medications have been prescribed and that there is access to a valid prescription sheet.

## Monitoring

Monitoring for all children and young people receiving an injectable medicine should be undertaken when appropriate. This will be led by the child or young person’s Consultant/prescriber in an agreed plan of care and documented in a management plan on the child or young person’s EMIS records. Should a Paediatric Early Warning Score chart be required then this can be obtained for the correct age category from Robin Ward, Jersey General Hospital.

## Training and Other Requirements

Injectable medicines may only be administered by healthcare professionals who have the necessary knowledge and skills in preparation, administration and monitoring and who feel competent and confident in this practice (RCN, 2016)

All healthcare professionals, where relevant, must annually complete Basic Life Support (BLS) and Paediatric Basic Life Support alongside Anaphylaxis training.

All individuals involved in any aspect of injectable medicines have a responsibility to acquire and maintain the necessary knowledge and clinical skills, both theoretical and practical (RCN, 2016). Training and education are provided to all community staff within the organization by experienced practitioners.

All healthcare staff involved with medicines should undertake continuing professional development, which is aligned to clinical governance requirements and professional guidance, to ensure that their knowledge is up to date. This should form part of each individual’s professional development plan.

It is the responsibility of individual nurses and support workers to maintain and update their knowledge and skills.

All training undertaken for the administration of injectable medicines must be recorded by the Education and Training Department.

The administration of injectable medicines can only be delegated to non-registrants holding a Level 3 NVQ/QCF/RQF qualification (or equivalent) in medication management. For guidance on delegation, registered practitioners should refer to: SOP Delegation of Nursing Tasks to Non-Registrants for Community Children’s Nursing Team (CCNT)

### Bank Registered Nurses

Registered Nurses who have undertaken relevant training within other health organisations may also be able to administer these injectable medicines providing they can show evidence both practically and theoretically to the relevant Clinical Lead. Copies of certificates will be required and forwarded to the Education and Development Department.

### Student Nurses

Student Nurses who are undertaking part of their training with FNHC must be given every opportunity to become proficient in medicine related activities under appropriate supervision (NMC 2018).

During each practice placement mentors should assess the student’s proficiency in the administration of medicines in accordance with the expectations stated in their Assessment of Practice Portfolio. Students must never administer or supply medication without **direct continuous supervision.**

Student Nurses may observe and administer medicines, including administration of medicines via subcutaneous, intramuscular, intradermal and intravenous routes, under **the direct and constant supervision of a Registered Nurse (NMC 2018)**

Students **may not** participate in the preparation and administration of medication given by any other route that requires a Registered Nurse to undertake further education and training.

## Infection Prevention and Control

All staff undertaking any procedure should follow local and national guidelines and be up to date with mandatory training in relation to Infection Prevention and Control. FNHC policies of particular relevance to injectable medicines include (but are not limited to):

* Hand Hygiene and the use of Personal Protective Equipment Policy and Procedures.
* Aseptic Non-Touch Technique Policy
* Waste Management Policy
* Sharps Safety Policy
* Sharps Injury and/or Blood or Body Fluids Exposure Procedure.

## Preparation and Administration

Before beginning preparation, staff must be completely satisfied with the prescription, ensuring it is clear, unambiguous and appropriate for the child or young person’s age and condition. They should have access to essential information about the product and processes needed for safe preparation and administration. Technical information is available via MEDUSA (NHS Injectable Medicines Guide) <https://www.rcpch.ac.uk> and EOLAS app

Practitioners who administer medicines are fully responsible for their actions and exercise their own professional judgement at all times (FNHC Medicines Policy).

All practitioners should observe standard infection control precautions in particular hand hygiene, wearing of protective clothing and the disposal of sharps and other waste.

Aseptic non-touch technique should be used during preparation and administration.

If more than one injectable medicine needs to be prepared then each one must be prepared and administered before another one is made.

Injectable medicines should also be administered immediately after preparation.

Practitioners administering injectable medicines should have appropriate knowledge and understanding of the medicine to be administered, including:

* Indications for use
* Recommended therapeutic dose and frequency
* Methods of preparation
* Rate of administration
* Contra-indications
* Side effects and potential adverse reactions
* Appropriate emergency interventions, in particular the management of anaphylaxis
* Any special monitoring or health and safety requirement.

**Prior to Each Administration the Nurse Must Check the:**

* Parents/Guardian and where appropriate a child or young person’s consents (verbal consent) to treatment and confirms that they understand what treatment is to be given.
* Child or young person’s name and date of birth
* Medicine name, form and strength
* Dose to be given
* Route of administration
* Expiry date of any medicines, diluents, flushes and infusion fluids if applicable
* Method and rate of administration
* Medicines are free from particles, contamination and faults
* Any known allergies/previous reaction
* Patient’s cannula site before giving intravenous (IV) medication.

If the visual infusion phlebitis (VIP) score is 2 or more then the cannula must not be used but removed and Robin Ward contacted for a replacement to be organized with the medical team. The VIP score ([Appendix 1](#_Appendix_1_Phlebitis)) must be documented for each does of IV medication (Royal Pharmaceutical Society 2019, Royal College of Nursing, 2016)

The practitioner is responsible for evaluating and monitoring the effectiveness of the prescribed medicine and documenting the patient’s response. Any adverse events and interventions must also be recorded and reported to the prescriber and/or the medical team on Robin Ward whilst seeking appropriate medical attention when required.

Any suspected Adverse Drug Reaction (ADR) should be reported to the Medicines and Healthcare Regulatory Agency (MHRA) via the yellow card.

[Yellow Card | Making medicines and medical devices safer](https://yellowcard.mhra.gov.uk/)

All practitioners are responsible for reporting ‘near misses’ and clinical incidents regarding the prescribing, dispensing and administration of medicines via the FNHC incident reporting system.

## Storage and Disposal

Injectable medicines should be stored correctly as directed by the packaging e.g. in a cool, dry place or a monitored refrigerator within the specified temperatures.

Store all equipment (consumables) in a clean area

Dispose of all needles and glass vials in a sharps box, do not fill the sharps box more than 2/3rds full.

Remove sharps box when treatment complete

Used syringes, saline plastic bottles/bags and extension sets can be placed in ordinary bins, remove spike from giving set and dispose in sharps box.

## Documentation

As well as electronic documentation, paper notes will include, where applicable, but not limited to:

* Patient demographics
* Prescription chart/medication record and authorized sheet.
* Paediatric early warning score (PEWS)
* Visual infusion phlebitis (VIP) score.
* Venous thromboembolism (VTE)

The person administering the medicine should personally make a record of administration as soon as possible after the event. Batch number and expiry dates must be documented.

All clinical staff, where applicable, should complete their essential training in documentation. For further guidance on record keeping, please refer to the current FNHC Record Keeping Policy.

## Patient Self-Administration of Injectable Medicines

Where appropriate, children and young people may be trained to self-administer injectable medicines. Parents and/or guardians may also be trained to administer injectable medicines to the patient. In such cases the child or young person/parents/guardian should be assessed as suitable to undertake this, trained and competency assessed in the relevant methods of preparation, administration and monitoring.

## Care/Support Workers Administration of Injectable Medicines

Registered Nurses are responsible for delegating care appropriately in accordance with their professional code, this policy and other relevant organizational policies and procedures. Guidance should be sought from the FNHC Standard Operating Procedure – Delegation of Care for Community Children’s Nursing Team.

## Consent

Informed consent must be obtained prior to any procedure being performed. Every parent/guardian or where appropriate, child or young person, has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise. Please refer to the current FNHC Consent to Treatment and Care Policy for further guidance.

For detailed guidance on capacity, please refer directly to the Capacity and Self-Determination (Jersey) 2016 Code of Practice.

# PROCEDURE

Please access the Preparation of Injectable SOP for step by step guidance. Intramuscular and subcutaneous injection sites are shown in [Appendix 2](#_Appendix_2_Injection).

Further information and guidance of evidence-based procedures for intravenous, intramuscular and subcutaneous injections is available at [www.clinicalskills.net](http://www.clinicalskills.net) or the Royal Marsden online manual.

Guidance on bolus, intermittent and continuous infusions can also be accessed via [www.clinicalskills.net](http://www.clinicalskills.net) and the Royal Marsden online manual.

For syringe driver guidance please refer to the FNHC Palliative Care: Syringe Pump Driver Policy.

For the management of the cold chain please follow the current version of the organisation’s ‘Maintaining Cold Chain of Medicines Policy and Procedures’ available on the Procedural Document Library.

# MONITORING COMPLIANCE

Compliance with this policy is the responsibility of all registered practitioners administering injectable medicines. Incidents involving injectable medicines will be reviewed by the Team Leader and Operational Lead with oversight via various governance processes.

# CONSULTATION PROCESS

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Date** |
| Michelle Cumming | Operational Lead C&F | March 2025 |
| Gill John | Team Lead CCNT | March 2025 |
| Polly Axford | Sister CCNT | April 2025 |

# EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and ‘religion, belief, faith and spirituality’ as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

**Always:**

* Putting patients first
* Keeping people safe
* Have courage and commitment to do the right thing
* Be accountable, take responsibility and own your actions
* Listen actively
* Check for understanding when you communicate
* Be respectful and treat people with dignity
* Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See overleaf/below for the Equality Impact Assessment for this policy.

## EQUALITY IMPACT SCREENING TOOL

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Stage 1 - Screening** | | | | | | | | | | |
| Title of Procedural Document:  Injectable Medicines for Children and Young People | | | | | | | | | | |
| Date of Assessment | | 2025 | | Responsible Department | | | | | CCNT | |
| Completed by | Lyn Vidler | | | Job Title | | | Community Children’s Nurse | | | |
| **Does the policy/function affect one group less or more favourably than another on the basis of**: | | | | | | | | | | |
|  | | | | | | **Yes/No** | | **Comments** | | |
| Age | | | | | | NO | |  | | |
| Disability  *(Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia)* | | | | | | NO | |  | | |
| Ethnic Origin *(including hard to reach groups)* | | | | | | NO | |  | | |
| Gender reassignment | | | | | | NO | |  | | |
| Pregnancy or Maternity | | | | | | NO | |  | | |
| Race | | | | | | NO | |  | | |
| Sex | | | | | | NO | |  | | |
| Religion and Belief | | | | | | NO | |  | | |
| Sexual Orientation | | | | | | NO | |  | | |
| **If the answer to all of the above questions is NO, the Equality Impact Assessment is complete. If YES, a full impact assessment is required: go on to stage 2.** | | | | | | | | | | |
| **Stage 2 – Full Impact Assessment** | | | | | | | | | | |
| **What is the impact** | | | **Level of Impact** | | **Mitigating Actions**  **(what needs to be done to minimise / remove the impact)** | | | | | **Responsible Officer** |
|  | | |  | |  | | | | |  |
| **Monitoring of Actions** | | | | | | | | | | |
| The monitoring of actions to mitigate any impact will be undertaken at the appropriate level | | | | | | | | | | |

# IMPLEMENTATION PLAN

|  |  |  |
| --- | --- | --- |
| **Action** | **Responsible Person** | **Planned timeline** |
| Upload on to Procedural Document Library (PDL) | Secretary/Administration Assistant (Quality and Governance Team) | Within 2 weeks of ratification |
| Upload to Virtual College (VC) | Head of Education and Development | Within 2 weeks of ratification |
| Communication regarding updated policy on PDL and VC | Secretary/Administration Assistant (Quality and Governance Team) | Once uploaded onto PDL and VC |

# GLOSSARY OF TERMS

Not all definitions are used within this Policy however are pertinent to the administration of injectable medicines.

**Administer**

To give to a patient a medicinal product, dressing or medicinal device, either by introduction into the body, either orally or by injection, etc., or by external application (e.g. application of an ointment or dressing)

**ADR**

Adverse drug reaction

**Aseptic Technique (Aseptic non-touch technique, ANTT)**

A technique used during a procedure to minimize the risk of microbial contamination

of an invasive device

**Authorisation to medicate Chart**

Written authorization to administer prescribed medicines, ideally this should be on the approved FNHC documentation however FNHC acknowledges that other forms of written authorization may be used e.g. hospital medication chart, written instruction in the patient’s care record.

**Bolus (push)**

Administration from a syringe of a single dose of a sterile solution directly into a tissue, organ or vein, over a short period of time usually, between 30 seconds and 10 minutes.

**Cannula**

A thin tube inserted into a vein or body cavity to administer medication.

**Diluent**

Any sterile injection solution, such as water for injection or sodium chloride 0.9%, commonly used to dissolve (reconstitute) or dilute a medicine immediately before administration.

**Extravasation**

Leakage of drug or IV fluid from veins or inadvertent administration into subcutaneous or subdermal tissue. Can cause tissue necrosis.

**Flush, Flushing Solution**.

A sterile solution of diluent such as sodium chloride injection 0.9%, used to purge (flush) access devices e.g. cannula before and/or after injection of a medicine or between injections of different medicines.

**Hazard, Risk**

Any factor, such as a difficult procedure or a complex calculation, with the potential to cause harm if carried out incorrectly.

**Infusion**

Administration, from a syringe, or other rigid or collapsible container e.g. plastic bag, or a volume of sterile solution of an injectable medicine directly into the tissue, organ, vein or artery, at a constant rate, under gravity or by means of an electronic or mechanical pump or other means of rate control, over a defined period usually of at least 10 minutes.

**Intravenous (IV)**

Medicines that are administered directly into the vein.

**Intramuscular (IM)**

Medicines that are given by needle into the muscle.

**Medication Error**

Any preventable event that may cause or lead to inappropriate medication use and/or patient harm while the medication is in the control of the healthcare professional, patient or carer.

**Medicine**

Any substance or combination of substances presented for treating or preventing disease. Any substance or combination of substances, which may be administered with a view to making a medical diagnosis or restoring, correcting or modifying or maintaining physiological or psychological functions.

**Non-Medical Prescriber (NMP)**

NMP’s are Nurses, Therapists, Optometrists, Physiotherapists, Podiatrists and Radiographers or Pharmacists who have satisfactorily completed the Supplementary and Independent Prescribing Course.

**Parenteral**

Administered by any route other than the alimentary canal, e.g.by intravenous, subcutaneous or intramuscular routes.

**Prescribe**

To order, in writing (or electronically) the supply of a medicinal project.

**Prescriber**

A healthcare professional that is legally authorized to prescribe a medicinal product, including medical and non-medical prescribers.

**Prescription**

An order for the dispensing of a medicinal product. The order is presented to a professional who is legally authorized to dispense.

**Standard Operating Procedure**

Step by step instructions to assist staff carry out complex routine activities

**Subcutaneous**

Medicines given just below the skin

# REFERENCES

Public Health England. (2021) *Immunisations Against Infectious Diseases Available:* [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attach ment\_data/file/660902/Green\_book\_cover\_and\_contents.pdf (last](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/660902/Green_book_cover_and_contents.pdf) accessed 29/04/2025)

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National Patient Safety Agency. (2007). *Patient safety alert 20: Promoting safer use of injectable medicines.* Available at: [ARCHIVED CONTENT] Promoting safer use of injectable medicines (nationalarchives.gov.je) (last accessed 12/08/25)

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Royal College of Nursing. (2016 (under review)). *Standards for Infusion Therapy 4th edition.* Available: [https://www.rcn.org.uk/professional-development/publications/pub005704](https://www.rcn.org.uk/professional-development/publications/pub-005704)  (last accessed 12/08/25)

Royal Pharmaceutical Society and Royal College of Nursing. (2019). *Professional Guidance on the Administration of Medicines in Healthcare Settings.* Available: [https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/ Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20pro f%20guidance.pdf?ver=2019-01-23-145026-567](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567)  (last accessed 12/08/25)

# APPENDICES

## Appendix 1 Phlebitis Score

A poster with text and arrows

Description automatically generated with medium confidence

## Appendix 2 Injection Sites for IM and Subcutaneous

**Intramuscular Injection (IM)**

A diagram of a person's body

Description automatically generated

Adapted from Clinical Skills.net

The four sites commonly used for intramuscular injection are the deltoid muscle, the ventrogluteal muscle, the vastus lateralis muscle and the dorsogluteal muscle. The registered nurse should use their clinical judgement, incorporating evidence-based practice, to select an appropriate site and should consider inherent risks, e.g., sciatic nerve damage is a recognised complication of IM injection at the dorsogluteal site (Shepherd, 2018; Greenway, 2014).

The viscosity of the medication, the volume of medication to be injected and the amount of subcutaneous tissue at the injection site will all influence site selection.

**Subcutaneous Injection**

A person with a subcutaneous injection

Description automatically generated

Adapted from Clinical Skills.ne

Appropriate sites for subcutaneous injections are the deltoid areas of both arms, the abdomen and thighs. The information leaflet accompanying the medicine being administered will also indicate the appropriate site to administer the injection. Skin decontamination is not advised when administering medication via the subcutaneous route because alcohol causes the skin to harden, and this hardening interferes with absorption of the medication (NICE, 2016).

Please refer to Clinical Skills.net or the Royal Marsden online manual for further guidance and step by step advice in performing the above procedures.