



**OPHN Guidance
for the
Administration of Intradermal Injections**

This guidance will review the procedures for administering an intradermal injection. For a visual of the procedure, you can view this CDC video:

<https://www.youtube.com/watch?v=TLv1mR6mECQ>

Procedure / Steps

1. Prepare the medication as stated in the standing order.
2. Perform hand hygiene and gather the following supplies.
 - a. TB syringe (26-29g needle, 3/4-1/2" long)
 - b. Non-sterile gloves
 - c. Alcohol swab
 - d. Sterile gauze
 - e. Band-aid (only apply if required)
3. Explain procedure to patient and allow the patient time to ask questions.
4. Assess patient for any contraindications to the medications.
5. Select appropriate site for the administration:
 - a. Ensure the site is free of lesions, rashes, and moles
 - b. Three to four finger-widths below antecubital space
 - c. One hands-width above the wrist
6. Perform hand hygiene and apply non-sterile gloves.
7. Clean the site with an alcohol swab.
 - a. Use a firm circular motion
 - b. Allow the site to dry
8. Remove needle from cap.
9. Use non-dominant hand to spread the skin taut over the injection site.
10. Hold the syringe in the dominant hand between the thumb and forefinger, with the bevel of the needle up.
11. Hold syringe at a 5-to-15-degree angle from the site. Place the needle almost flat against the patient's skin, bevel side up, and insert needle into the skin about 1/4 in., with the entire bevel under the skin.
12. Slowly inject the solution while watching for a small bleb/wheel to appear.
13. Withdraw the needle at the same angle of insertion, engage the needle guard, and discard in a sharps container.
 - a. Do not massage area after injection
14. Discard remaining supplies, remove gloves, and perform hand hygiene.
15. Document the procedure in EMR system.



16. Evaluate the patient response to injection.

Safety Considerations

1. Do not aspirate (pull back on the plunger) after injection.
2. Review assessment data prior to injection.
3. Avoid sites that are bruised, tender, hard, or swollen.

Reference: <https://opentextbc.ca/clinicalskills/chapter/6-7-intradermal-subcutaneous-and-intramuscular-injections/>

Other helpful skills video: (note – these videos are to provide supplemental support only)
<https://youtu.be/mHeETNVXeoY>