

## TIPS AND BEST PRACTICES FOR INTRADERMAL VACCINE ADMINISTRATION

### A. Administering the injection

1. Select an appropriate site. Note any lesions or skin discoloration. If possible, select a site three to four finger-widths below the antecubital space and one hand-width above the wrist.
2. Help the patient into a comfortable position. Have the patient extend his or her elbow and lay it on a flat surface.
3. Clean the site with an antiseptic swab. Starting from the center of the injection site, rotate the swab outward in a circular direction for about 5 cm (2 inches).
4. Remove the needle cap from the needle by pulling it off in a straight motion. This decreases risk of accidental needle-stick injury.
5. Hold the syringe between the thumb and forefinger of your dominant hand, with the **bevel of the needle pointing up**. **Keeping the bevel up allows for smooth piercing of skin.**
6. Using your nondominant hand, stretch the skin over the injection site with your forefinger.
  - **Avoid moving the skin to the side or pulling it too far back which might cause the needle tip to pop out.**
7. With the needle almost against the patient's skin, insert it slowly at a **5- to 15- degree angle** until you feel resistance.
  - **Make sure to place your fingers and thumbs on side of the barrel, if you put them under the barrel, the angle of insertion can go beyond 15 degrees.**
8. Advance the needle through the epidermis to a depth of about 3 mm ( $\frac{1}{8}$  inch) beneath the skin. **You will see the bulge of the needle tip through the skin.**
9. Inject the vaccine slowly. **You should feel resistance. If you do not, the needle is too deep. Withdraw it and begin the procedure again.**
10. As you inject the vaccine, a small bleb/wheel (approximately 6 mm [ $\frac{1}{4}$  inch]) resembling a mosquito bite will form on the skin surface.
  - **Presence of the wheal indicates that the vaccine has been administered to the dermis.**
  - **If a wheal doesn't form, then remove the needle and repeat the procedure at least 2 inches away from the original site using a new syringe and a needle.**
11. Withdraw the needle slowly at the angle that is same as the insertion angle (it helps minimize discomfort to patients and damage to tissue). Engage safety shield or needle guard.
12. Apply an alcohol swab or gauze pad gently to the site. Do not massage. Tell the patient not to rub or scratch the site.
13. Discard the uncapped needle, or needle enclosed in a safety shield and attached syringe, in a puncture-proof and leak-proof receptacle.
14. Help the patient into a comfortable position.
15. Stay with the patient for several minutes to watch for any allergic reaction.
16. Document the procedure as per your organization's policy.



### B. Bonus Tips

1. Always ensure appropriate lighting. The needle and bevel size are very tiny. If you need reading glasses/magnifiers - please make sure you have them on.
2. Intradermal injection simulator pads can be used for building and honing your skills. Some nursing students also use hot-dogs to practice giving intradermal injections.
3. Low dead space syringes are ideal for withdrawing accurate dose volume.

### C. References

*Administering Intradermal Injection*. Mosby's nursing video skills. (n.d.). Retrieved August 25, 2022, from <http://sites.elseviermultimedia.us/Mosby/NursingVideoSkills4e/advanced/skill/U005.html>

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(987) How to administer a JYNNEOS vaccine intradermally - YouTube