Clinical Practice Procedures:
Drug administration/Subcutaneous

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<th>Date</th>
<th>October, 2016</th>
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<td>Purpose</td>
<td>To ensure a consistent procedural approach to Subcutaneous drug administration.</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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Subcutaneous (SUBCUT) injections deliver medications by a small gauge needle into the layer of fat between the skin and muscle.

**Indications**
- The administration of medications via the SUBCUT route.

**Contraindications**
- Injection of medications into scar tissue, burns, bruises, infection, or broken skin.

**Complications**
- Pain
- Bleeding
Procedure – Subcutaneous

1. Prepare the required dose of medication in an appropriate syringe.
2. Place patient in a reclined position.
3. Clean the intended insertion site with a 2% Chlorhexidine/70% Isopropyl Alcohol antiseptic swab.
4. Identify an appropriate lower abdomen injection site approximately 3–6 cm radius from the umbilicus.
5. Pinch a 5 cm fold of skin between your thumb and index finger to pull the fatty tissue away from the muscle underneath it.
6. Pierce the skin with the needle at a 90° angle to the pinched skin, using a quick, dart-like technique.
7. The needle should be completely covered by skin.
8. Aspirate by pulling gently back on the plunger. If blood appears, remove syringe and prepare new injection.
9. Hold the syringe barrel firmly and inject contents by depressing the plunger.
10. Remove the needle and dispose of immediately into sharps container.
11. Do not rub injection site.

Approved injection sites
The most widely used and preferred site is the lower abdomen approximately 3 cm from the umbilicus.

Additional information
- Use different sites for subsequent injections.
- Enoxaparin graduated prefilled syringes – the volume to be injected should be measured precisely according to the dosage recommended, without expelling the air bubble while adjusting dosage, then inject the entire contents of the syringe.