

Appendix 5: Administering depot antipsychotic injections

| | Action | Rationale |
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| 1. | Explain and discuss the procedure with the patient. | To ensure the patient understands the procedure. |
| 2. | Evaluate the patient's knowledge of the medication being offered. If this knowledge is incomplete or the patient wishes further information, offer an explanation of the use, action, dose and potential side effects. | A patient has a right to information about treatment. |
| 3. | Consult the patient's prescription or medication administration record to ensure patient's identity, drug, dose, date, time, route, method of administration and site of injection are correct. | To minimize risk of error. |
| 4. | Wash hands with bactericidal soap and water or bactericidal alcohol hand rub. | To prevent contamination of medication and equipment. |
| 5. | Prepare needles and syringes | |
| 6. | Inspect the drug solution for cloudiness or particulate matter. If this is present do not use. Note: Risperidone Consta is a suspension of microspheres so it is always cloudy. Paliperidone is a white to off-white suspension. | |
| 7. | Tap the neck of the ampoule gently | To ensure that all the solution is in the bottom of the ampoule. |
| 8. | Cover the neck of the ampoule with a swab and snap it open. If there is any difficulty, devices to aid opening are available. | To reduce the risk of injury to the nurse. |
| 9. | Inspect the solution for glass fragments, if present, discard. | To minimize the risk of injection of foreign matter into the patient. |
| 10. | Withdraw the required amount of drug, tilting the ampoule if necessary. | To avoid drawing in any air. |
| 11. | Tap the syringe. | To dislodge any air bubbles, expel air. |
| 12. | Change the needle and discard used needle in an appropriate sharps container. Aripiprazole, Paliperidone and Risperdal Consta comes with their own needles that must be used as indicated in the package insert. | |
| 13. | Assist the patient into the required position | To allow access to the chosen site and to ensure the designated muscle group is flexed and therefore relaxed. |
| 14. | Remove the appropriate garment to expose the chosen site. | To gain access for injection. |
| 15. | If the skin is not clean, clean the skin. | |

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| 16. | Holding the needle at an angle of 90°, quickly plunge it into the skin. | To ensure that the needle penetrates the muscle. Leave a third of the shaft of the needle exposed to facilitate removal of the needle should it break. |
| 17. | Pull back the plunger, if no blood is aspirated, depress the plunger at approximately 1ml every 10 seconds and inject the drug slowly. If blood is aspirated, withdraw the needle, dispose of injection materials and start again. Explain to the patient what has occurred to confirm that the needle is in the correct position. | |
| 18. | Wait 10 seconds before withdrawing the needle, releasing the skin as you withdraw. | To allow the medication to diffuse into the tissue. This seals the puncture tract. |
| 19. | Withdraw the needle rapidly. Apply pressure to any bleeding point. | To prevent haematoma formation. |
| 20. | Record the administration and site of injection on the prescription or administration record. Record the date next injection due in CPN diary and electronic patient notes. | To ensure site and date of next injection is appropriate. |
| 21. | Ensure that all sharps and non sharp waste are disposed of safely and in accordance with locally approved procedures. | To ensure safe disposal and avoid injury to staff. |