



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

|                          |   |                         |                |
|--------------------------|---|-------------------------|----------------|
| <b>Department:</b>       | Nursing                                   |                         |                |
| <b>Document:</b>         | Internal Policy and Procedure             |                         |                |
| <b>Title:</b>            | Administration of Intradermal Medications |                         |                |
| <b>Applies To:</b>       | All Nursing Staff                         |                         |                |
| <b>Preparation Date:</b> | January 08, 2025                          | <b>Index No:</b>        | NR-IPP-011     |
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## 1. PURPOSE:

- 1.1 Permits administration of small amount of toxins or medication deposited under the skin for absorption.
- 1.2 Serves as a method of diagnostic testing for allergens or for exposure to specific diseases.

## 2. DEFINITONS:

- 2.1 **Intradermal Medication** is the administration of small amount of toxin or medication deposited under the skin for absorption.

## 3. POLICY:

- 3.1 In order to ensure patient's safety, nursing staff should do skin test before administering prescribed antibiotics.
- 3.2 If the test is positive, nursing staff should not give the antibiotics until otherwise ordered by the physician.

## 4. PROCEDURE:

- 4.1 Assessment: assessment should be focused on the following.
  - 4.1.1 Check the Physician's order.
  - 4.1.2 Condition of the patient's skin (e.g. presence of redness, hematomas, scarring, swelling, tears, abrasions, lesions, excoriations, excessive hairs) check for drug allergies.
  - 4.1.3 Special considerations:
    - 4.1.3.1 Ensure that the appropriate antidote (usually epinephrine hydrochloride, a bronchodilator and an antihistamine) are available on the unit before starting.
    - 4.1.3.2 Medication used in the skin test could cause a sensitivity or anaphylactic reaction that could be fatal.
- 4.2 Confirm physician's order for type of antibiotics; follow the ten (10) rights of drug administration.
- 4.3 Verify the patient's identity (four names for Saudi and complete name for Non-Saudi) in the medication form and medical record number.
- 4.4 Explain the procedure to the patient/ caregiver to reduce anxiety.
- 4.5 Wash hands and collect equipment.
- 4.6 Prepare the medication as follows:
  - 4.6.1 Dilute the antibiotic with the correct amount of diluents/ water for injection.
  - 4.6.2 Take 0.1 ml of the dilution and add 0.9ml of water for injection (1ml syringe)
  - 4.6.3 Provide privacy.
  - 4.6.4 Wear gloves.
  - 4.6.5 Select injection site on inner forearm.
  - 4.6.6 Forearm is the standard area where subcutaneous fat is least likely to interfere with administration and absorption.



- 4.6.7 Position patient with forearm facing up.
- 4.6.8 Cleanse site with alcohol swab using a circular motion starting from the center and working outward.
- 4.6.9 Allow to dry to decrease microorganisms.
- 4.6.10 Remove needle cap.
- 4.6.11 Place non-dominant hand, insert needle just below the skin at a 15 degree angle.
- 4.6.12 Pull skin taut for injection.
- 4.6.13 Talk to patient and warn of impending needle stick.
- 4.6.14 With bevel up and using dominant hand, insert needle just below the skin at a 15 degree angle.
- 4.6.15 Inject 0.1ml smoothly, observe for bleb (a raised wheal) to form (the bleb must be present and seen).
- 4.6.16 Make circle around the bleb with a pen, write the date and time given and instruct the patient not to rub the area; it serves as a guide in reading after 30 minutes.
- 4.6.17 Remove the needle at the same angle that it was inserted, prevents tearing of the skin.
- 4.6.18 After 30 minutes, along with physician observe the skin for redness or swelling. Observe also for any systematic reaction (e.g. Respiratory difficulty, sweating, faintness, decreases blood pressure, nausea, vomiting or cyanosis).
- 4.6.19 Positive results an urticarial wheal (around reddened skin elevation) and localized erythema (diffuse redness) in the area of the injection is indicative of sensitivity to the antibiotic being tested.

## **5. MATERIALS AND EQUIPMENT:**

- 5.1 Medications to be administered (antibiotics)
- 5.2 1ml syringe with 26-28 gauge needle
- 5.3 Water for injection
- 5.4 Alcohol swab
- 5.5 Disposable gloves
- 5.6 Medication tray
- 5.7 Emergency drugs

## **6. RESPONSIBILITIES:**

- 6.1 Nurse





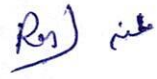
## **7. APPENDICES:**

- 7.1 N/A

## **8. REFERENCES:**

- 8.1 Jean Smith Temple and Joyce Young Johnson, Nurses Guide to Clinical Procedures, 5h Edition, Lippincott William And Wilkins, Page no: 202-205.

## 9. APPROVALS:

|                     | Name                         | Title                    | Signature   | Date             |
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