**Intramuscular (IM) or Ventrogluteal (VG) Injections: choice or evidence?**

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**BACKGROUND**

Every year the Australian government spends billions of dollars on health care treatments. An integral part of such treatments is often the administration of medication. Giving medication via injections is a commonplace nursing procedure and although considered a basic technique it is far from innocuous. Nurses traditionally favour IM injections in the dorsogluteal (DG) site but evidence suggests that injury to the sciatic nerve is a complication of DG IM injections. The VG site though, has a greater thickness of Gluteal muscle and the thinner layer of subcutaneous fat, makes inadvertent subcutaneous injections less likely. Depot medication (long acting drugs given by injection) are a common form of treatment within mental health.

Given that 1:5 people in Australia have a mental health issue and a proportion of these clients will receive medication via a depot injection, it is imperative that these injections are efficacious and given from an evidence base.

**AIM**

The aim of this research is to understand the significance of accuracy when choosing an injection site when administering mental health depot medication.

**DESIGN**

A two phased exploratory design will be used.

- **Phase 1:** an analysis of medication efficacy between DG and VG will be undertaken. Measures include:
  - presence/absence of positive psychiatric symptoms
  - re-admission rates
  - consumer compliance
  - dose, frequency, adverse effects, site injury.

- **Phase 2:** An in-depth analysis of Registered Nurses experiences of giving a DG depot compared to a VG depot.

**OUTCOMES**

Research outcomes will contribute to the evidence base regarding the efficacy of injection site. This could determine best practice for IM injections within a population of people who have a mental illness.