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.