

ADMINISTER AN INTRAMUSCULAR INJECTION

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLE: III
REFERENCE: STP 8-68W13-SM-TG, Task: 081-833-0301 Administer an Intramuscular Injection

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.
PRINCIPAL PURPOSE: To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.
ROUTINE USES: Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.
DISCLOSURE: Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

1. Soldier (*Last Name, First Name, MI*) **2. Date** (YYYYMMDD)

SCENARIO:

You are working in a battalion aid station. Your medical officer requires a patient to receive medication intramuscularly. You must administer the intramuscular injection.

GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
3. Performance Measures						
a. Verified the required injection with the medical officer's order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identified the patient by asking his name and date of birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Asked the patient if he has any allergies or has experienced a drug reaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Verified that the appropriate needle, syringe and medication are being used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Selected and exposed the injection site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Positioned the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cleaned the injection site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Pulled the needle cover off without bending or touching the needle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Prepared the skin for the injection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Inserted the needle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Released the hold on the skin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Aspirated syringe to ensure medication will not go into a blood vessel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Administered the medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Monitored the patient for any adverse reactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Discarded all equipment in accordance with standard precautions or SOP guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Documented the procedure on the appropriate form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Demonstrated Proficiency Yes No

5. Start Time **6. Stop Time** **7. First Evaluator**

This form was prepared by U.S. Government employees for use in the 68W MOS. Although it contains, in part, copyrighted material from National Registry of Emergency Medical Technicians, Inc. (NREMT), skill sheets ©2011, this form has neither been prepared nor approved by NREMT. Use is restricted to guidelines contained in the Preface to TC 8-800.

ADMINISTER AN INTRAMUSCULAR INJECTION

GRADING SHEET (continued)

8. Start Time	9. Stop Time	10. Retest Evaluator
11. Start Time	12. Stop Time	13. Final Evaluator

14. Evaluator's Comments