

## Nursing Competency

### Injections – RN & LPN

- Completion of the Competency Check-Off List is required annually. By signing this check-off list, both the RN/LPN and the individual reviewing competency, provide validation that the RN/LPN can perform the named skills and verbally provide understanding of the named concept, policy & procedure/guideline, etc.

**RN/LPN Name & Title**

**Date**

**Key: 1 = Accomplished    2 = Needs Continued Assist    3 = Refer to SDC**

Skill/Procedure	1	2	3	Comments
1. Verified physician order.				
2. Explained procedure and provided privacy.				
3. Assembled necessary equipment.				
4. Draws up required medication adding 0.2cc of air.				
5. Performed hand hygiene. Don gloves.				
6. Scrub injection site with alcohol sponge				
7. Appropriately inserts needle and injects medication: <u>Subcutaneous:</u> <ul style="list-style-type: none"> <li>• pinches skin and uses a 45-90° angle for subcutaneous.</li> <li>• Acknowledges there is no need to draw back on plunger to visualize blood return</li> </ul> <u>Intramuscular:</u> <ul style="list-style-type: none"> <li>• 90° angle for IM (using Z-Track)</li> <li>• Draws back on plunger to see if needle is in blood vessel – if so, disards needle and repeats preparation</li> </ul> <u>Interdermal:</u> <ul style="list-style-type: none"> <li>• parallel to skin for intradermal bevel up</li> </ul>				
8. Verbalizes that anticoagulation injections are not to be massaged.				

9. Correctly disposes used syringe in sharps container.				
10. Removed gloves. Performed hand hygiene.				
<b>Skill/Procedure</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>Comments</b>
11. Documented correctly in MAR.				

Comments:

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**RN/LPN**

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**Date**

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**SDC/Designee**

\_\_\_\_\_  
**Date**

SAMPLE