

// SELF-INJECTION GUIDE

Intramuscular Injection

How to draw and give an intramuscular injection at home.
Read it all the way through once before your first dose.

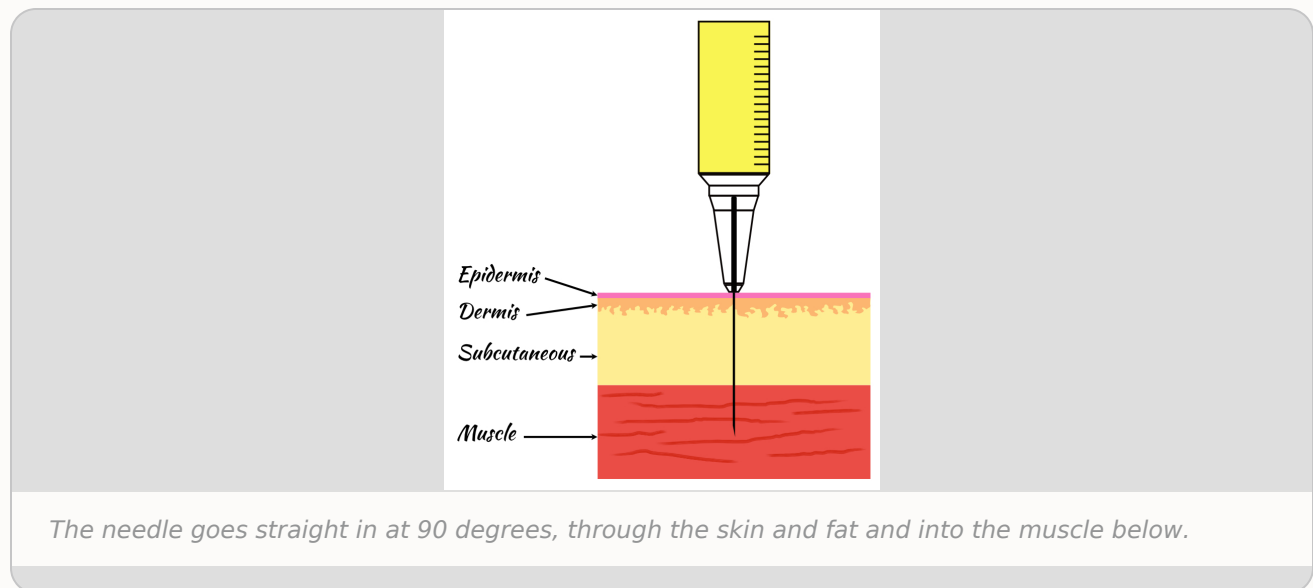
Asymmetric Health

Lacey, WA | 360-706-1808

01 What an intramuscular injection is

An intramuscular injection puts medication deep into the muscle, below the skin and fat.

Muscle has a rich blood supply, so medication delivered there absorbs steadily and predictably. Because you're going deeper than a subcutaneous shot, intramuscular injections use a longer needle and go straight in at a 90-degree angle. You hold the skin taut rather than pinching it.



What you'll need

- Medication vial
- Syringe
- Injection needle (longer, for muscle)
- Alcohol wipes (2)
- Drawing needle (larger)
- Sharps container

BEFORE YOU START

Work on a clean, well-lit surface and lay everything out before you open anything sterile. If a step doesn't look or feel right, stop and call 360-706-1808.

02 Clean, then **fill** the syringe

01 Wash and clean

Wash your hands with soap and water for at least 20 seconds. Wipe the top of the vial with one alcohol wipe. Clean your injection site with the other, starting at the center and circling outward to cover a 2-inch area. Let both air dry.

Clean the vial first, then your skin. By the time your skin is dry, the vial is ready, and by the time you've drawn the dose, your skin is dry.

02 Draw the medication

Put the drawing needle (the larger one) on the syringe without touching the connection point. Pull the plunger back to your prescribed dose to load that much air. Push the needle through the rubber top of the vial and inject the air in.

Turn the vial upside down, keep the needle tip in the medication, and draw past your dose. Push back down to about **2 units over** your prescribed dose. That extra accounts for the small amount lost in the new needle.

03 Switch to the injection needle

With the draw needle still on, pull a little air back into the syringe to clear the oil from inside it, then switch to the longer injection needle. This keeps that oil from going to waste and gives you a needle long enough to reach muscle.

Hold the syringe needle-up, flick out any bubbles, and press the plunger until a drop appears at the tip and runs down the needle.

! KEEP IT STERILE

Needles and syringe should be new and in sealed packaging. If a needle touches anything other than the cleaned vial top or your cleaned skin, replace it.

03 Inject

For muscle, you go straight in at 90 degrees with the skin pulled taut, not pinched.

01 Pull the skin taut

With your free hand, spread the skin over the muscle flat and firm between your thumb and fingers. Pulling it taut gives the needle a clean path into the muscle below.

02 Insert at 90 degrees

Hold the syringe like a dart and push the needle straight in at a 90-degree angle, all the way to the base, in one quick, confident motion. Then rest your hand against your body to steady the syringe.

03 Inject and withdraw

Press the plunger at a slow, even pace until the syringe is empty. Withdraw the needle quickly at the same angle you went in, then apply light pressure with clean gauze.

NO NEED TO ASPIRATE

You don't need to pull back to check for blood before injecting at these sites. Current guidance no longer recommends it for routine intramuscular injections. Just go straight in, inject at a steady pace, and withdraw.

04 Your injection sites

Intramuscular injections go into large muscles with few major nerves or vessels nearby. Four sites work well: the shoulder (deltoid), the outer thigh, the hip (ventrogluteal), and the upper outer buttock (dorsogluteal). Shaded green below, front and back.



Intramuscular injection sites, front and back. Rotate between them and vary the exact spot each time.

ROTATE YOUR SITES

- ✓ Switch muscles between doses
- ✓ Alternate left and right sides
- ✓ Shift the exact spot a little each time
- ✓ Skip anything bruised or sore

05 A closer look

SHOULDER (DELTOID)

The rounded muscle at the top of the arm. Find the bony point at the top of the shoulder and go two to three finger-widths below it, in the thickest part of the muscle.



Deltoid, upper outer arm

OUTER THIGH (VASTUS LATERALIS)

The large muscle on the outer front of the thigh. Use the middle third between hip and knee.



Vastus lateralis, outer thigh

05 A closer look (cont.)

HIP (VENTROGLUTEAL)

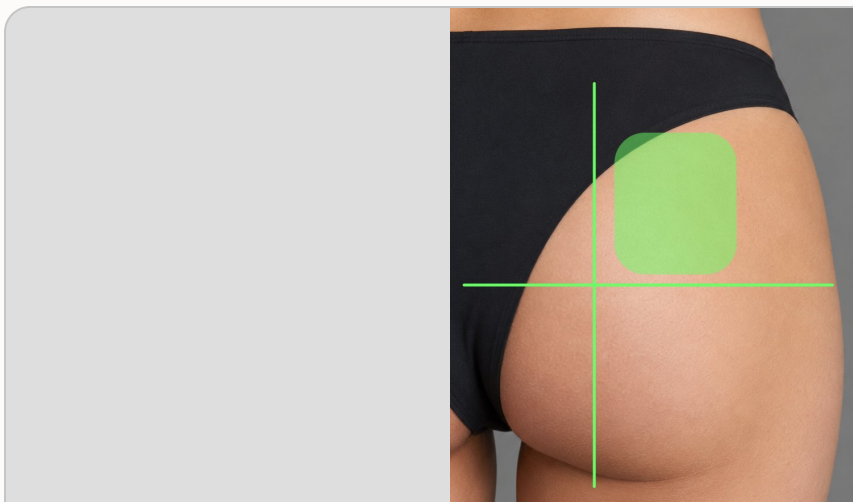
Place your palm on the bony point of the hip with your fingers spread toward the waist. Inject into the V between your index and middle finger.



Ventrogluteal, the V between index and middle finger

UPPER OUTER BUTTOCK (DORSOGLUTEAL)

Picture the buttock split into four quarters. Inject into the upper outer quarter, well away from the center.



Dorsogluteal, upper outer quadrant

06 Dispose safely

Both needles go in a sharps container, never loose in the trash.

A sharps container from a pharmacy or online retailer works. If you'd rather not buy one, a hard plastic container with a screw-on lid does the job, an empty 2-liter bottle or a laundry detergent jug. Label a homemade one "Sharps Waste" on the outside.

! DISPOSAL VARIES BY COUNTY

In Thurston County, a sealed sharps container can go in your regular trash. Other counties differ, so check your local rules before disposing of a full container. Never put loose needles in the trash.

When something doesn't look right, stop and call. We would rather walk you through it than have you guess.

// QUESTIONS ABOUT YOUR INJECTION

Call us before you guess.

If a step isn't clear, if an injection hurt more than usual, or if a site looks off, reach out. A quick call now saves a lot of worry later.

CLINIC LINE

360-706-1808

01

Call during clinic hours for non-urgent questions about technique or sites.

02

For anything that feels urgent, treat it as urgent and seek care right away.