

## Spring Update on Drug Administration

NSCP has expanded Pharmacist's [Standards of Practice for Drug Administration](#) (April 18, 2020)

DAL Continuing Pharmacy Education (CPE) is not currently able to offer the full Injection and Immunization Administration Training Program (IIATP) but is continuing to offer the Recertification Program (IIARP) on an individual basis in HRM. To register, or ask questions please contact DAL CPE at [dalcpe@dal.ca](mailto:dalcpe@dal.ca)

**Note these requirements for each injectable product that you administer:**

**Conduct a Therapeutic Review:** Find current therapeutic information that is, evidence-based and specific to the product. This includes indications, contraindications, approved routes of administration, pharmacokinetics, injection protocol, precautions, patient monitoring, and patient factors that you need to consider before injecting (e.g., pregnancy). Use this information to:

- Prepare a checklist to assess the preferred route of administration. The route of administration you determine to be preferable should be appropriate for the drug/solution, appropriate for the patient and in accordance with the drug and route protocol recommended by the manufacturer
- Consider any screening questions and patient counselling that may be unique to the product

*Recall the 'Seven Rights of Medication Administration':*

- Right Product
- Right Client
- Right Dose
- Right Time
- Right Route
- Right Reason
- Right Documentation

Remember to *enter all the immunizations you give into the DIS* and to notify primary Care Providers, post COVID-19, of any non-vaccine injections you give.

**Disruptions of Immunization schedules for Vaccine Series** From Canadian Pharmacists Association: If a dose in a vaccine series is delayed, you do not need to restart the vaccine series. The delay does not reduce the final antibody concentrations for most multi-dose products. The CPA recommends finishing the series in the near future once COVID-19 issues resolve. Consult the Canadian Immunization Guide for more detailed guidance on specific vaccines.

Recombinant Herpes Zoster Vaccine: The Canadian Immunization Guide states the second dose, normally given 2-6 months after the first, could be administered at, or up to 12 months after the first dose.

**Biologicals:** (other than vaccines) These medications are available in single dose syringes or auto-injectors and are administered subcutaneously (SC). Follow proper techniques for SC drug administration and refer to the product monograph of each medication for specifics.

**Long Acting Antipsychotics:** Most long acting antipsychotics come with a needle and syringe. Where the manufacturer packages a syringe and needle with the solution for administration, Health Canada considers the solution and the delivery system one product and subjects it to rigorous evaluation before licensing the product. You **MUST ALWAYS** use the syringe and needle the manufacturer provides. Otherwise, the current recommendation is to use a 22/23 G 1-inch needle for injection because these products are more viscous. These drugs are administered at slower injection rate. The maximum amount to inject in the deltoid is 2ml. Always refer to product package insert for specific instructions.

**Allergy Serums:** If pharmacists are approached to provide SC injection of allergy serums, it is recommended they work closely with the prescribing allergist and communicate regularly about the required dose. If a patient misses or cannot a dose as scheduled, the treatment regimen and dose may need to be adjusted. If a patient will be receiving doses at multiple locations (e.g., an allergist and in the community), it is important to establish clear lines of communication regarding dates of administration and dosages provided.

**Depo-Testosterone:** Depo-Testosterone is administered by IM injection and can be given in the deltoid muscle. The recommended needle to use is a 22/23 G 1in needle. Follow the instructions on the product package insert.

**Children 2-5:** For IM injections in children aged 2-5 years, it is recommended to use a 25G 5/8 or 7/8 inch needle and follow regular IM landmarking carefully, as shown in Figure 1.

IM Injection: Children 2years and older and Adults.

- Injection is given in the thickest part of the deltoid muscle
- 2-3 finger widths below the acromion process at a 90degree angle

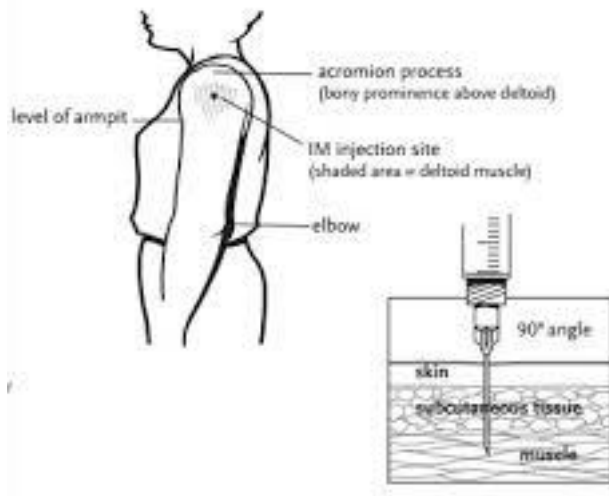


Figure 1. IM Injection

### Resources:

*Canadian Immunization Guide:* <https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

*National Advisory Commission on Immunizations:* <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html>

*BC Center for Disease Control Immunization Manual :* <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/immunization>