

Intramuscular injection in children and adults

Last edited March 18, 2021

Usually one does not need to aspirate before injecting a vaccine. However, in connection with the investigation of a possible association between injection of covid-19 vaccine from AstraZeneca and the occurrence of rare but severe cases of blood clots and haemorrhages, SSI so far recommends, based on a precautionary principle, to aspirate before administration. This applies to all the approved covid-19 vaccines, both by injection into the m. Deltoid, but also to the alternative option of injection into the m. Vastus lateralis, if injection into the m. Deltoid is not possible.

Use a sterile disposable syringe fitted with an intramuscular needle (20-23 g). A cannula length of 20-25 mm will typically be appropriate. The length should be adjusted to the size of the person and the thickness of the subcutaneous fat layer.

For lyophilized vaccines:

- The reconstitution (solution) must be performed with the supplied solvent
- The needle must be replaced before injection, as the insert on the needle may become dull when penetrating the membrane of the vial.

Figure 1

The recommended injection site is in the middle of the deltoid muscle (the large shoulder muscle), where it is thickest.

It is important to ensure that the vaccine is not given either too high or too low in the deltoid muscle, by giving it 2-3 finger widths below the acromion in the triangular area marked in the figure.

The skin is disinfected before the injection with ethanol 70-85% in an approx. 5x5 cm large area. The disinfectant must dry before perforating the skin.

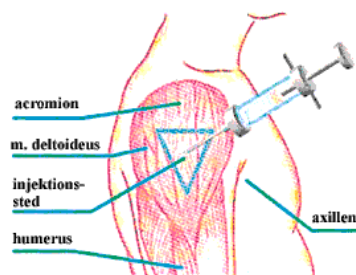


figure 2

The skin over the injection site is stretched between the thumb and the other fingers.

The syringe is held like a dart arrow between the thumb and forefinger.

The needle should penetrate the skin at a 90 ° angle.



figure 3

The needle is inserted with a quick movement.

The vaccine is injected and the cannula is pulled out with a brisk motion.

