

Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Nursing	SUBJECT: Subcutaneous Administration of Anticoagulants	SECTION: S
DATE: February 1995	Administrator: <u>J. M.</u>	POLICY: 2
REVISION DATES: September 2013	Director of Care: <u>Cheryl Allick</u>	

SUBCUTANEOUS ADMINISTRATION OF ANTICOAGULANTS

POLICY:

The subcutaneous administration of anticoagulant is used to increase the clotting time of blood.

PROCEDURE:

1. Inspect the medication for particulate matter and expiry date.
2. Check the dosage prior to administering. Double check with another Registered Staff if available.
3. Rotate sites of injection clockwise.
4. Do not inject into a bruised area or within 5 cm of the umbilicus or any scar.
5. Instruct the resident and staff to avoid rubbing injection sites.
6. The Physician must be updated if the resident begins to actively bleed.
7. Do not use rubs containing salicylates (i.e. Marathon Rub). Icy cold is preferred.

Procedure for administering anticoagulant:

- Swab skin gently with alcohol.
- Accumulate a well defined roll of tissue about ½" – 1" thick.
- Holding the shaft of the syringe in the dart fashion, insert the needle directly through the skin at right angle into the subcutaneous fatty layer. Injection into fatty tissue below the skin decreases pain and hematoma formation.
- Do not move needle tip once it is inserted. Do not pull back on plunger. Reduces tissue damage.
- Inject the solution, leave needle in for approximately 10 seconds. Then withdraw needle slowly, releasing skin roll as you withdraw.

- Press an alcohol swab to the site for a few seconds. DO NOT RUB.
- Initial MARS when injection was given and note on injection record sheet.