# Sterile water for injection(intradermal) – Clinical Assessment Tool

Name: HE#:

## Outcome

Demonstrates the required understanding and clinical skills for non-pharmacological relief of lower back pain in labour by the administration of intradermal injections of sterile water.

## Preparation

### Theory

Read learning package: <https://cairns.health.qld.libguides.com/ld.php?content_id=17094669>

## Performance criteria

To be completed and signed by a second midwife when performing for the first time

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| Date: | UMRN: | | |
| **Initial assessment** | **A** | **NA** | **Initial (x2)** |
| **Can verbalise indications for use:**   * Active labour * Lower back pain * Visual Analouge Scale (VAS) assessment of pain ≥ 6   (on a scale of 0 – 10)  Can verbalise explanation and consent for the procedure from the patient. |  |  |  |
| **Can verbalise the steps for patient identification:**   * Ask patient to verbally confirm name and date of birth * Ask patient if have any allergies or adverse drug reactions * Check name. Date of birth and allergies against patient chart |  |  |  |
| **Can verbalise the steps in the administration of an intradermal injection:**   * Cleanse the area with an alcohol swab. * Allow skin to dry. * Remove needle cap. * Place needle at a 15 degree angle to the skin (almost flat against the skin), with the bevel facing upwards and insert needle 2mm into the skin. * Rapidly inject sterile water while watching for a small wheal or blister to appear. If none appears, withdraw needle slightly and reduce the angle of the needle. * On completion, withdraw needle quickly at the same angle it was inserted. * Do not massage area after removing needle. * Do not recap used needle. * Discard needle and syringe in the appropriate receptacle. |  |  | **Initial** |
|  | **A** | **NA** | **Initial (x2)** |
| **Can assemble equipment for procedure:**   * 1 ml Syringes x 4 * 25g needle x 4 * Drawing up needle * Sterile water for injection * Alcohol wipes * Gloves * Pen to mark injection sites |  |  |  |
| **Verbalises reassessment process after completion of the procedure:**   * VAS at five (5) and ten (10) minutes, and according to clinical judgement thereafter. * If inadequate analgesia or the analgesic effect has subsided, the intervention may be repeated after 30 minutes if VAS ≥ 6. * Assess for signs of local skin irritation and use clinical judgement to determine the appropriateness of repeating the intervention.   Procedure can be repeated after 30/60, as many times as required. Duration of effect can vary from 1 – 3 hours. |  |  |  |

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| **Performance of clinical skill** | **A** | **NA** | **Initial (x2)** |
| **Can demonstrate correct procedure for administration of intradermal SWI:**   * Draw up 0.3 ml of sterile water into each of the four (4) syringes. * Ideally, two (2) clinicians should be available to administer the injections simultaneously as this will minimise the duration of discomfort. * Position the woman in a position which is comfortable for her but provides easy access to the sacral region. * Identify and mark with a pen, the four (4) anatomical landmarks on the woman’s lower back as follows: |  |  |  |
|  | **A** | **NA** | **Initial (x2)** |
| * Over each posterior superior iliac spine, 3cm below and 1cm medial to the posterior iliac spine or on the four points of an inverted trapezpoid shape on the woman’s sacrum. * Cleanse injection sites with an alcohol swab to reduce chance of infection. * With a contraction the two clinicians use one (1) syringe each to simultaneously inject 0.1ml – 0.3 ml of sterile water intradermally at two (2) of the four (4) injection points. The injection should raise a visible ‘bleb’ under the skin (at least 0.5cm diameter). Rapidly inject 0.1- 0.3 ml of sterile water intradermally at each site. Two clinicians complete two injections simultaneously then inject the other two sites simultaneously using the 2 additional syringes. * Leave the area alone! the sting is the thing. Avoid touching, rubbing, heat packs, massaging or any other counter pressure to the injection sites for 30 min following procedure as this may reduce the effect. * The use of the shower and water emersion can reduce the length of analgesic effect. However this does not impact the womans ability to waterbirth, should she choose. * Discard sharps.   Documents procedure in woman’s clinical file. |  |  |  |

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| **Professional responsibilities** | **A** | **NA** | **Initial (x2)** |
| **Demonstrates application of the standards, codes and guidelines:**   * Principles and practice of hand hygiene * NMBA Midwife Standards for Practice (2018) * NMBA Code of Conduct for Midwives (2018) * Relevant hospital guidelines and policies, including:   + Consent   + Escalation of care |  |  |  |

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| **Comment:** | | |
| **Midwife:** | Name: | Signature: |
| **Second Midwife:** | Name: | Signature: |

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