



Competency Assessment for Intradermal injections

Date: _____

Name: _____

TECHNICAL VALIDATION:

This assessment is intended to provide an intradermal injection technique review and assessment in a simulated environment, using saline and practicing on a peer or a medical dummy. This activity is intended for instruction, review of best practices, and feedback on demonstrated intradermal injection administration.

Skills	Initial validation	Observer Initials/Date
Ensure appropriate personal protective equipment is donned.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Verify order is entered into EHR and verbal consent is documented.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Confirm patient meets all selection criteria, if any exclusions apply patient is not eligible for vaccination.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Review the patient's medical record for allergies and other contraindications. If any exist, do not give the vaccine, discuss with the patient and if needed, discuss with a medical provider/prescriber.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Check vaccine beyond use date and/or expiration date. Visually inspect the vaccine for particles, discoloration, and any signs of loss of integrity. Do not administer if integrity is compromised.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Perform hand hygiene. Draw up the appropriate volume of the vaccine. Perform hand hygiene.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Confirm the patient's identity using at least 2 patient identifiers.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Explain the procedure to the patient according to their communication and learning needs. Include the location where you will be administering the injection.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Educate the patient on potential adverse reactions and other side effects related to the vaccination. Offer the VIS or EUA Fact Sheet in printed format or refer to the digital VIS or EUA webpage.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Verbalize requirement for patient monitoring to include: <ul style="list-style-type: none"> Observe patients for 15 minutes post-vaccination. Observe patients for 30 minutes post-vaccination with a history of anaphylaxis to gentamicin, ciprofloxacin, chicken or egg protein. 	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Verify the 6 rights of medication administration.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Position the patient appropriately; for the ventral forearm injection site, instruct the patient to sit up, extend the arm, and support it on a flat surface with the ventral forearm exposed.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Put on gloves. Clean the surface of the intended injection site with an alcohol pad, allow it to air dry. (The site should be approximately 3-4 inch below the antecubital fossa and one hand width above wrist).	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
With the thumb and index finger of your nondominant hand, gently pull skin taut.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Insert the needle with your dominant hand at a 5°-15° angle with the bevel up. <i>Place the needle almost flat against the patient's skin, bevel side up, and insert the needle into the skin, until resistance is felt. Insert the needle about 1/8 inch (3mm) in depth with the entire bevel under the skin. (You will see the needle tip bulge through the skin)</i>	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Slowly inject the vaccination (Normally resistance is felt, if not needle may be too deep.)	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
While injecting vaccine, watch for a small wheal to form. If no wheal forms the injection, consult the CDCs Interim Clinical Considerations.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	



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Withdraw needle. Do not massage or apply pressure to site. If necessary, gently blot with dry gauze.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Appropriately dispose of needles and syringes.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
An adhesive bandage may be applied. Remove and discard gloves. Perform hand hygiene.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Monitor the patient for any adverse reactions after injection.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Document the vaccination, ensuring appropriate volume and injection route and site are noted.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	
Verbalize process of reporting ADR when applicable.	<input type="checkbox"/> Appropriate <input type="checkbox"/> Needs Remediation (see below)	

Must complete 1 witnessed Intradermal injection administration using a simulated environment using saline:

REMEDIATION/ACTION PLAN (If necessary)

COMMENTS (If necessary)

COMPETENCY VALIDATION

EMPLOYEE: _____ DATE: _____

OBSERVER: _____ DATE: _____