

GRASSENDALE

Medical Practice

Patient Home Injection Checklist & Log

Instructions for the Patient:

Please use this checklist every time you perform an injection. It is designed to keep you safe and ensure you don't miss any steps. Please hand in the completed form to the surgery so that we have a record of administration.

If you are able to, you can complete this online, and this will automatically file the information in your record.

Name: _____ Date of Birth: _____

Medication: Hydroxocobalamin 1mg/1ml

Step	Action	Tick (✓)
1. Safety Check	I feel well today (no fever or new illness)	
	I have checked the expiry date on the ampoule	
	My sharps bin is nearby and has space	
2. Preparation	Hands washed thoroughly with soap and water	
	Ampoule opened safely (top snapped off away from face)	
	Medicine drawn up using the pink blunt fill needle	
	Air bubbles removed from syringe	
	Needle changed to the small (Blue/Orange) injection needle (pink needle straight in the sharps bin)	
3. Injection	Site Chosen: <input type="checkbox"/> Left Thigh <input type="checkbox"/> Right Thigh	
	Skin cleaned	
	Injection given:	

	<ul style="list-style-type: none"> • Needle inserted at 90 degrees (straight in) • Plunger pulled back slightly (aspirated) - no blood seen • Medicine injected slowly (approx 10 seconds) • Needle removed and pressure applied 	
4. Clean Up	Used needle & syringe put straight into Sharps Bin	
	Empty glass ampoule put into Sharps Bin	
	Hands washed again	

Injection Recording

Date of Injection: _____

Batch Number (on box): _____

Expiry date: _____

Any Problems? (e.g., bruising, pain): _____

