

STANDARDIZED PROCEDURE

INTRA-ARTICULAR INJECTIONS (Adult, Peds)

I. Definition

This procedure is indicated in the treatment of pain in the knees of patients who have osteoarthritis of the knees and have failed to respond adequately to conservative pharmacologic and non-pharmacologic therapies.

The purpose of this standardized procedure is to allow the AHP to safely conduct the procedure of injecting medication into the joint.

II. Background Information

A. Setting:

The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision: The necessity of this procedure will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the procedure. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications:

1. Pain and/or decreased mobility of the knee
2. Conservative measures no longer working
3. MD or designee declares that the injection should be given for above reasons or when medically indicated. **Diagnosis:** Osteoarthritis of the knee

D. Precautions: The insertion site should be carefully inspected before the injection is given for signs of infection or skin disease.

III. Materials

1. Clean gloves

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2. Skin preparation solution
3. Syringe with appropriate dose of medication with a 22 gauge 1 ½ inch needle
4. Band-Aid

IV. Injection Procedure

A. Pretreatment evaluation: Indication for a medication injection will be determined by the AHP and an attending physician or fellow along with inspection of the insertion site. Working collaboratively, the necessity of the procedure will be determined along with the expected outcomes of the procedure and the treatment plan.

B. Set Up: gather all necessary materials.

C. Patient Preparation:

1. Inform patient of treatment plan, which includes medication injection into the knee.
2. Patient given and signed consent for medication injection.
3. Position the patient in a comfortable position that gives adequate access to the site to be injected. Perform time out prior to procedure.

D. Procedure

1. Remove clothing from the area to be injected
2. Identify the site of injection
3. In a sterile fashion, prep the area to be injected.
4. Inject the medication.
5. Apply pressure with gauze until bleeding stops.
6. Apply a Band-Aid.

E. Follow-Up treatment

1. Instruct the patient on wound care, as needed, and on the signs and symptoms of infection.
2. Advise patient that there is a chance they will experience an increase in pain for 1-2 days after the injection. They may apply ice to decrease pain.

V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, consent, indication for the procedure, procedure, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose,

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route, & time) given, complications, and the plan in the note, as well as any teaching and discharge instructions.

B. All abnormal findings are reviewed with the supervising physician.

VI. Competency Assessment

A. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
 - a. Medical indication and contraindications of Intra-articular medication injection.
 - b. Risks and benefits of the procedure
 - c. Related anatomy and physiology
 - d. Consent process (if applicable)
 - e. Steps in performing the procedure
 - f. Documentation of the procedure
 - g. Ability to interpret results and implications in management.
3. Advanced Health Practitioner will observe the supervising physician perform each procedure three times and perform the procedure **three** times under direct supervision.
4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without direct supervision.
5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.

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4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF PROCEDURE

Revised May 2012 by Subcommittee of the Committee for Interdisciplinary Practice

Reviewed May 2012 by the Committee on Interdisciplinary Practice

Prior revision Nov 2008

Approved May 2012 by the Executive Medical Board and the Governance Advisory Council.

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