How to Give a Ventrogluteal IM Injection

This procedure describes how to give a ventrogluteal IM injection using correct anatomical landmarking, aseptic technique, and safety precautions. It is intended for nursing and allied health staff who administer intramuscular medications and need a clear, step-by-step reference for locating and using the ventrogluteal site safely.

Purpose and scope

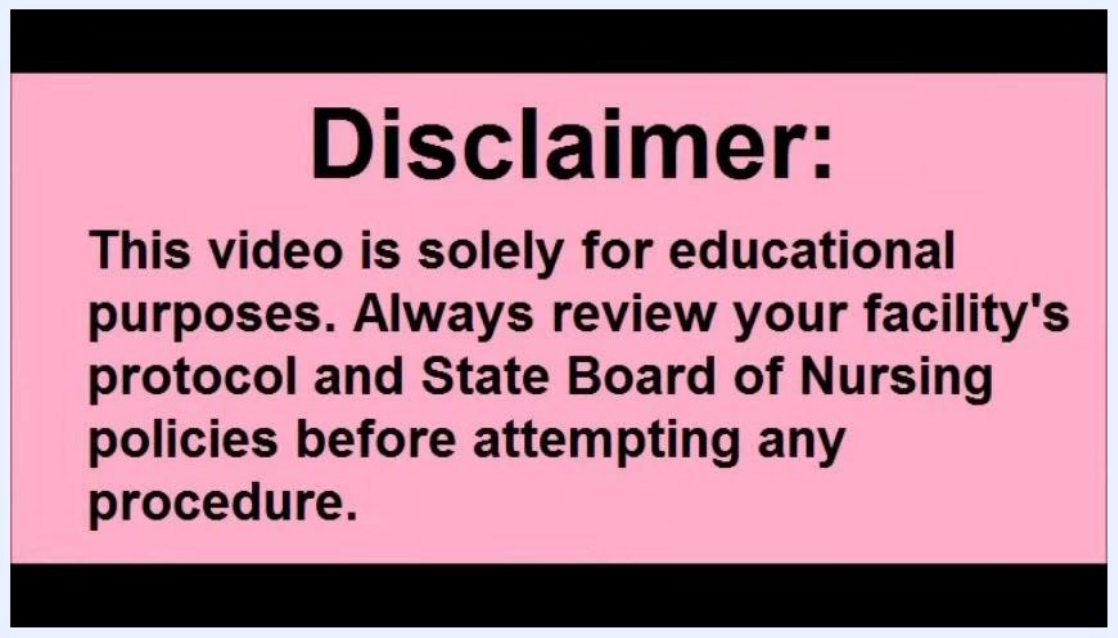
This procedure covers the technique for administering an intramuscular injection into the ventrogluteal muscle. It applies to nursing staff preparing to give IM medications in a clinical care setting.

Before performing this procedure, always review your facility's protocol and your State Board of Nursing policies, as technique and permitted practice can vary. The demonstration referenced in this procedure uses a training mannequin patient positioned on her side to illustrate hand placement and landmark identification.

Patient assessment

Assessment for this procedure focuses on correctly positioning the patient and identifying the anatomical landmarks used to locate the ventrogluteal injection site. The source material does not specify a vital sign monitoring frequency, a formal pain assessment tool, or neurovascular checks; these should be added according to your facility's standard pre-injection assessment protocol.

Assessment step	What to check
Patient positioning	Patient is lying on their left or right side, with the injection site accessible
Greater trochanter	Locate the bony prominence of the upper thigh/hip using the palm of your hand
Anterior superior iliac spine	Point your index finger toward this landmark
Iliac crest	Spread your middle finger back along the iliac crest to form a "V" shape
Injection site	Confirmed at the center of the "V" formed by your index and middle fingers



Nurse in blue scrubs standing beside a mannequin lying on its left side on an exam table, with the injection site exposed.

Care protocol

The procedure is carried out in the following phases.

Preparation phase

- Draw up the prescribed medication into the syringe.
- Perform thorough hand hygiene before donning gloves.
- Put on clean gloves to maintain aseptic technique.

Landmark identification phase

- Use the hand closest to the patient and place your palm flat over the greater trochanter of the femur.
- Point your index finger toward the anterior superior iliac spine.
- Spread your middle finger back along the iliac crest to form a "V" shape with your index and middle fingers.

- The injection site is located at the center of this "V."

Nurse in blue scrubs, gloved hand placed flat on the mannequin's hip, demonstrating palm placement over the greater trochanter.

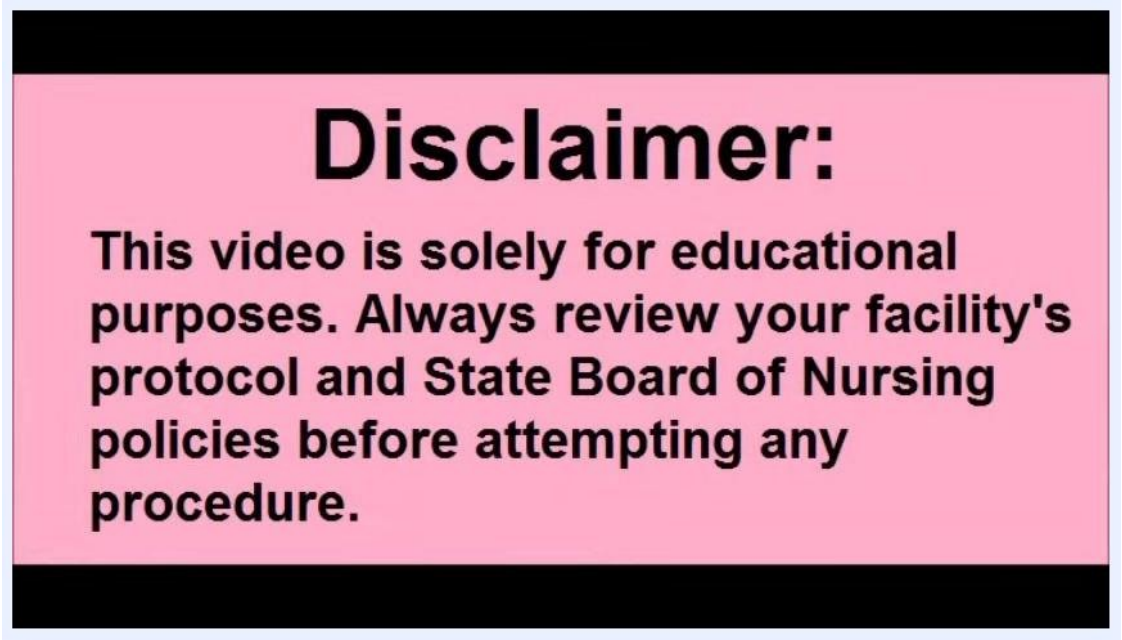
Site preparation phase

- Keep your hand in position to maintain the landmark.
- Clean the identified injection site thoroughly with an alcohol prep pad.
- Use a circular motion, starting at the center and moving outward, for about three to five seconds.

Administration phase

- Remove the needle cap, holding it between your fingers.
- Insert the needle into the identified ventrogluteal site at a 90-degree angle to the skin.
- Ensure the needle is fully inserted into the muscle.
- Aspirate by pulling back slightly on the plunger and check for blood return before injecting (see Complication Monitoring below).

- If no blood is aspirated, slowly inject the medication into the muscle and hold the syringe in place for a moment to ensure full delivery.



Disclaimer screen with text: "This video is solely for educational purposes. Always review your facility's protocol and State Board of Nursing policies before attempting any procedure."

Post-injection phase

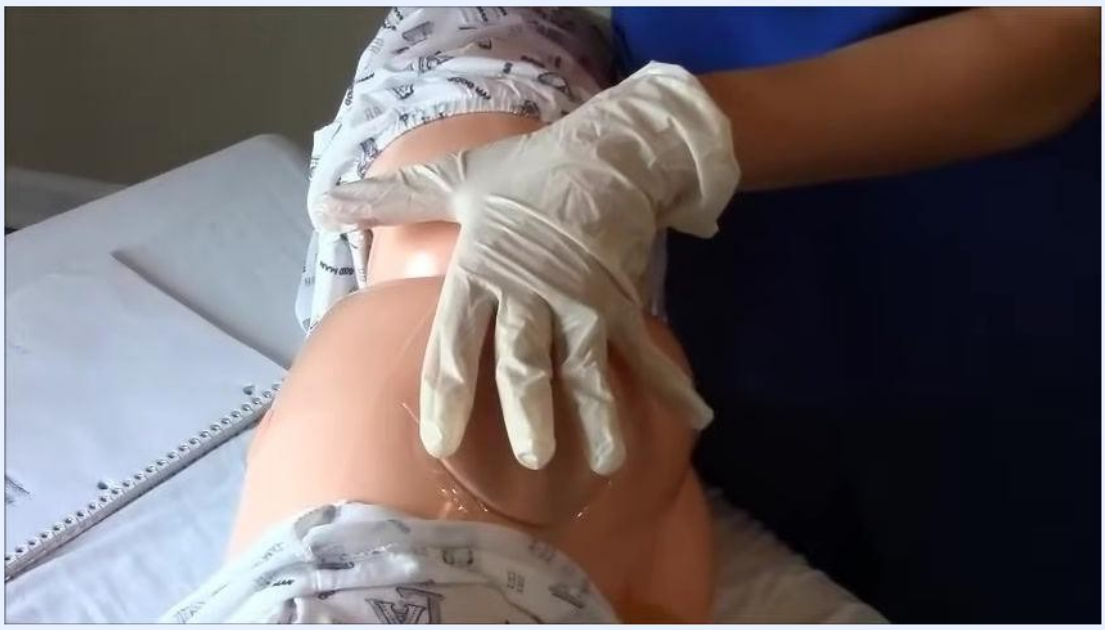
- Withdraw the needle from the injection site smoothly.
- Immediately engage the needle's safety mechanism to prevent accidental needlestick injury.
- Apply gentle pressure to the injection site with gauze or a band-aid to prevent bleeding.

Completion phase

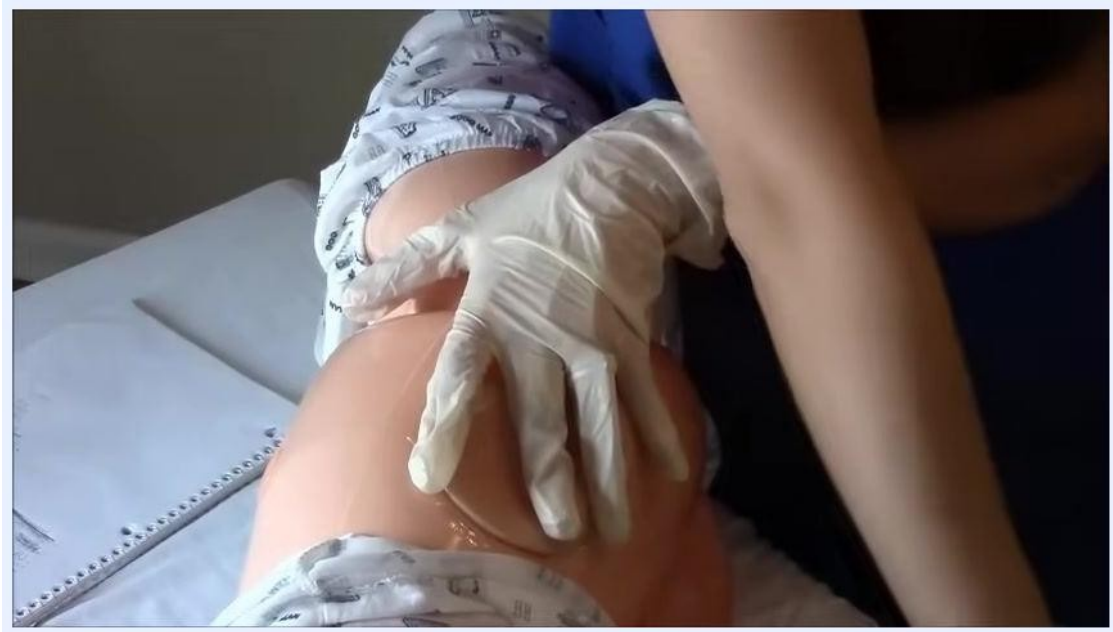
- Dispose of the needle and syringe in a designated sharps container according to facility protocol.
- Remove gloves and perform hand hygiene.

- Ensure the patient is comfortable and monitor for any adverse reactions.

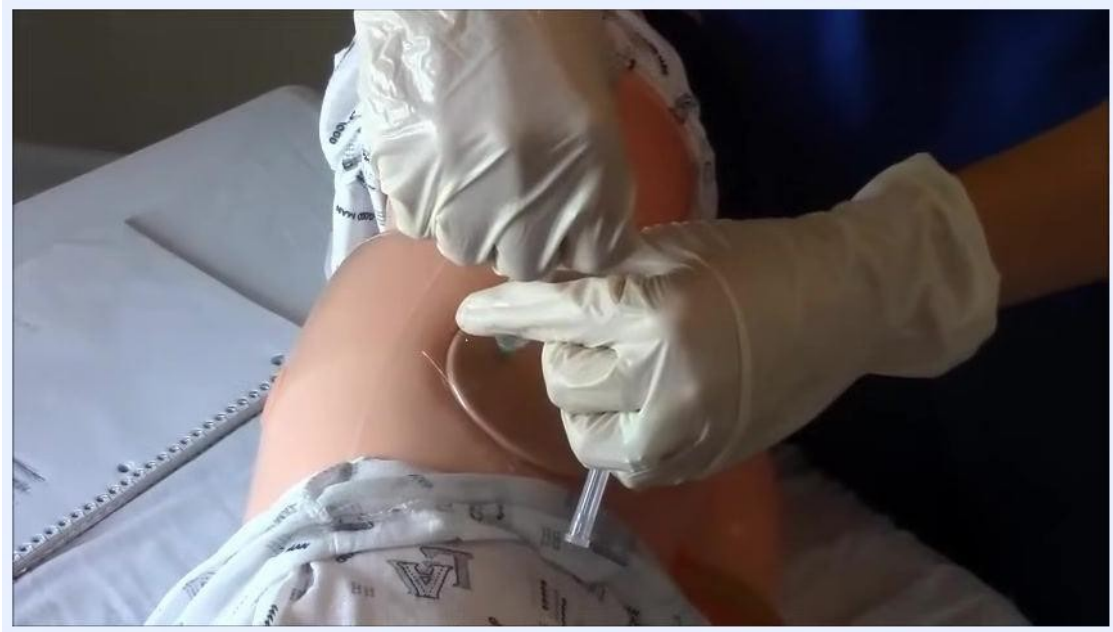
Close-up of a gloved hand on the mannequin's hip, fingers forming a "V" to identify the ventrogluteal injection site.



Close-up of a gloved hand maintaining the "V" position on the mannequin's hip, ready to clean the injection site.



Gloved hand holding a syringe, needle positioned at a 90-degree angle above the ventrogluteal site on a mannequin's hip.



Close-up of gloved hands injecting medication into the mannequin's hip, syringe plunger being depressed.

Gloved hand applying gauze to the injection site on the mannequin's hip after needle withdrawal.

Pain management

The source material does not include a multimodal pain management plan, a medication dosing table, pain score targets, or an escalation pathway for this procedure. The only pain-related intervention shown is applying gentle pressure with gauze or a band-aid to the injection site after needle withdrawal to reduce discomfort and bleeding. A full pain management plan for this procedure should be added according to facility protocol.

Mobility milestones

The source material does not include a progressive mobility timeline or mobility goals related to this injection procedure. If mobility considerations apply to your patient population, they should be documented separately according to facility protocol.

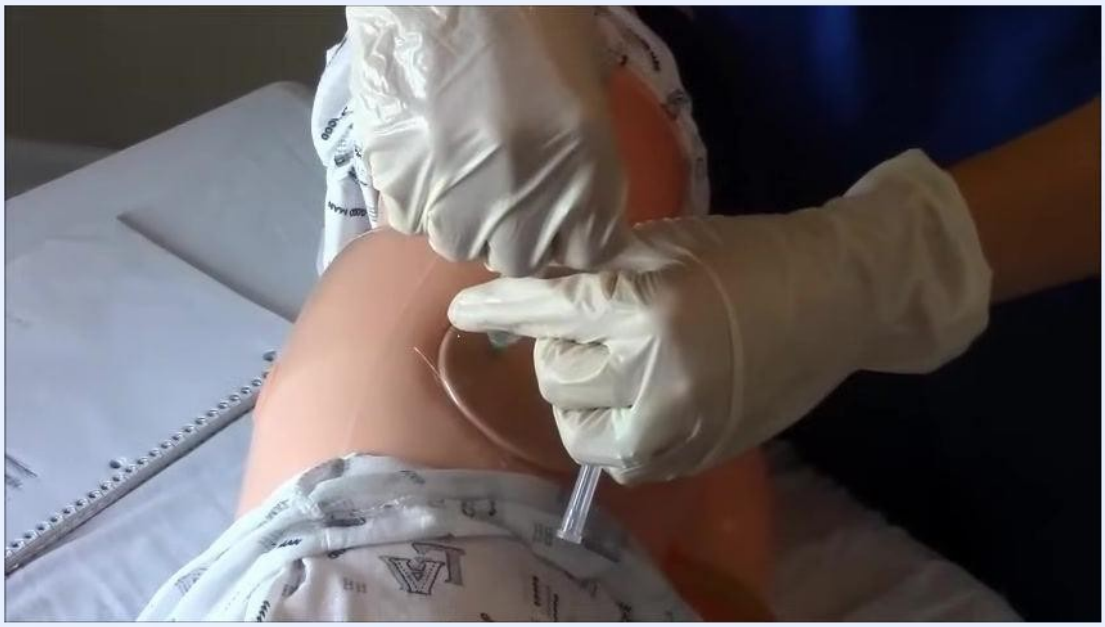
Complication monitoring

Aspiration is used to check for blood return before injecting, which confirms the needle is not in a blood vessel.

- Pull back slightly on the plunger and observe for blood in the syringe.
- If no blood appears, proceed with the injection.

- If blood is present, withdraw the needle immediately and prepare a new injection.

After the injection, engage the needle's safety mechanism right away to prevent needlestick injury, and monitor the patient for any adverse reactions. The source material does not specify early warning criteria or escalation contacts; these should be defined per facility protocol.



Gloved hands holding a syringe inserted into the mannequin's hip, demonstrating aspiration before injection.

Discharge criteria

The source material does not provide discharge criteria, as this procedure covers only the injection technique itself rather than a full episode of care. Any discharge criteria relevant to the patient's broader care plan should be documented separately according to facility protocol.

Patient education

The source material does not include specific teaching points for the patient or family related to this injection. It does reference further learning resources for clinicians, including additional instructional material on giving injections in the dorsal gluteal and deltoid muscles, which may support ongoing staff education on injection technique.

Nurse in blue scrubs addressing the camera, suggesting further instructional videos.

What's next

Always follow your facility's protocol for injection technique, medication administration, and patient safety. For further skill development, review additional instructional material on administering injections in the dorsal gluteal and deltoid muscles.

Screen with text: "Don't Forget to: Visit RegisteredNurseRN.com, Check out my book 'How to Pass Nursing School', Subscribe to my Channel for more videos" and a photo of the presenter.