

## APhA's Injection Technique Assessment Form

	me (Please Prin	t)						ate
Faculty	<u>Evaluation</u>							
When a	dministering an ir	ijection,	the participant s	hould a	lemonsti	rate all	of the follow	wing:
Uses appropriate syringe size				<ul> <li>Inserts needle to hub in smooth motion</li> </ul>				
Uses appropriate needle gauge				Withdraws needle appropriately				
<ul> <li>Uses appropriate needle length</li> </ul>				<ul> <li>Activates safety mechanism appropriately</li> </ul>				
• Sele	ects proper injection	• 1	<ul> <li>Disposes syringe in sharps container immediately</li> </ul>					
• Pre	pares injection site p	• [	<ul> <li>Provides proper injection site care</li> </ul>					
• Stal	bilizes patient during	• 1	<ul> <li>Maintains a clean and sterile work space</li> </ul>					
• Hol	ds syringe appropriat	tely	• 1	Documer	nts injectio	n appro	priately (see b	pelow)
	nt's Name (Injection			Please P	-7			
		Vaccine		1				
			Vaccine					
Date	Vaccine Given	Lot#	Vaccine Manufacturer	Dose	Route	Site	Statem Date on	nformation ent (VIS) Date VIS
Date Given	Vaccine Given			Dose	Route	Site	Statem	ent (VIS)
	Vaccine Given			Dose	Route	Site	Statem Date on	ent (VIS) Date VIS
	Vaccine Given			Dose	Route	Site	Statem Date on	ent (VIS) Date VIS
	Vaccine Given			Dose	Route	Site	Statem Date on	ent (VIS) Date VIS
	Vaccine Given			Dose	Route	Site	Statem Date on	ent (VIS) Date VIS
	Vaccine Given			Dose	Route	Site	Statem Date on	ent (VIS) Date VIS
Given	Vaccine Given	Lot#	Manufacturer		Route	Site	Statem Date on	ent (VIS) Date VIS
<b>Given</b> Signatur	e of Immunizing Ph	Lot #	Manufacturer  (Your Signature)				Statem Date on VIS	ent (VIS) Date VIS
<b>Given</b> Signatur		Lot #	Manufacturer				Statem Date on VIS	ent (VIS) Date VIS
<b>Given</b> Signatur	e of Immunizing Ph	Lot #	Manufacturer  (Your Signature)				Statem Date on VIS	ent (VIS) Date VIS
Given Signatur	e of Immunizing Ph	Lot #	Manufacturer  (Your Signature)	eeds ad			Statem Date on VIS	ent (VIS) Date VIS