

The Drive to Reduce Needle Sticks

Has your unit introduced changes or innovations that have led to better patient care? Tracking such changes is an important part of the Magnet application, so please let us know.

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I remember when, as a small child, I heard I had to go see the doctor for a checkup, the first thing that came to my mind was that I didn't want an injection. I can remember entering the doctor's office and hearing kids screaming because they just received an injection or were about to get one. I always looked around for places to run and hide or to make my escape, but sadly I was never successful.

Today I see the same fear as patients cringe when I present a needle for an injection. Why is it that medication intended to help reduce pain, prevent blood clots, and address so many other health issues has to be so painful to administer? In nursing school I used to practice giving injections using oranges; it was easy and it didn't hurt the orange at all, of course. But the first day I gave an injection to a patient, I saw their face cringe and I felt their pain.

Now consider a diabetic patient who is at the hospital for a broken ankle. The first needle stick this patient gets will be the placement of an IV access. If the nurse is good with IV placements, the patient will be stuck only once, but if not he might have to endure multiple sticks. Since the patient has a painful broken ankle, he will next receive an injection of pain medication. Then what about a tetanus or flu shot? Adding those in would bring the patient to at least four injections so far. Now let's look at this patient on the floor for one week. Three times a day he will get

routine blood-sugar checks and on top of that he will receive three heparin injections daily. So in one week the patient will be pricked and stuck at least 44 times! And this does not include new IV access placement (if needed), insulin coverage, further pain medication, and daily blood draws. Now multiply that times two weeks. We are now looking at more than 100 needle sticks! So many sticks can only add the patient's pain and discomfort during a lengthy hospital stay.



We know that patient comfort can promote healing and peace of mind, especially in an unfamiliar environment. Considering new ways to reduce needle sticks can make a patient's hospital stay more comfortable. Perhaps we can consider stronger longer lasting p.o. pain medications, using injections as a last resort. Also, we should confirm the need for blood-sugar checks on non-diabetic patients. Could we consider using 29G needles for heparin injections instead of 25G needles? They are much smaller and cause less pain. Do our patients fit the criteria for other forms of blood thinners that are given only once a day? If we consider all the possibilities, I'm sure we can find ways to give fewer and less-painful injections, making our patient's hospital stay more comfortable and thus more likely to lead to faster healing.

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