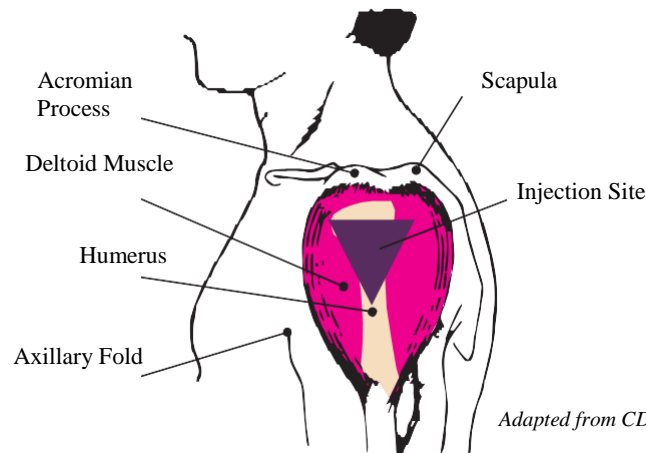


Multiple Intramuscular Injections in School-age Children or Adults

All opportunities to immunize should be used. Giving multiple vaccines at the same clinic visit is encouraged as it helps to ensure that individuals are up-to-date with the vaccines required for their age and risk factors. (Canadian Immunization Guide, Evergreen version)

1. Identify the injection site

Give in the central and thickest portion of the deltoid muscle – above the level of the armpit and approximately 2–3 fingerbreadths (~2") below the acromion process. See the diagram. To avoid causing an injury, do not inject too high (near the acromion process) or too low.



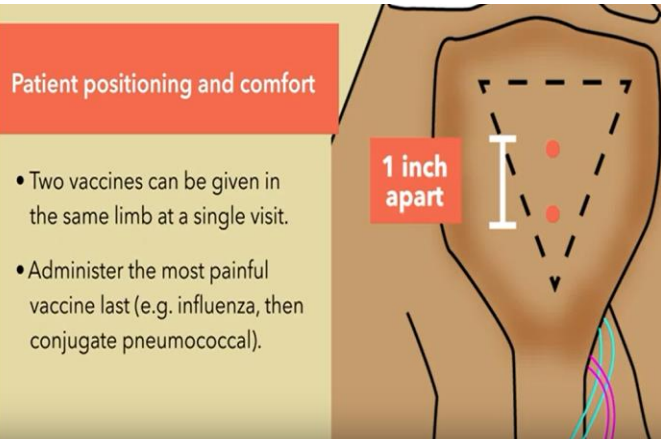
2. If multiple parenteral injections are required, whenever possible, separate anatomic injection sites (different limbs) should be used.

If multiple injections in the same limb are required, the injection sites should be separated by at least 2.5 cm (1 inch).

In individuals where there is insufficient deltoid muscle mass, the anterolateral thigh muscle can be used.

Ensure not to exceed the maximum volume per site:

Children 5-18 years:	1ml deltoid
	3ml vastus lateralis
Adults ≥ 19 years:	2 ml deltoid
	5ml vastus lateralis



Adapted from Immunize Canada

- The site of administration of each vaccine should be recorded, so that if an injection site reaction occurs, the associated vaccine can be identified. (eg. Upper R deltoid or Lower R deltoid)
- Vaccines that are known to cause the most injection site pain (e.g., Prevnar[®]13; M-M-R[®]II, human papillomavirus vaccines [HPV]) should be administered after other vaccines.
- If a vaccine and an Ig preparation are administered concurrently (e.g., Hepatitis B vaccine and HBIG), separate anatomic injection sites (different limbs) should be used for each injection.
- For additional information refer to the WRHA Regional Immunization Manual: Administration of Immunizing Agents <http://www.wrha.mb.ca/professionals/immunization/03-03.php>