

## THE NORTH THORESBY PRACTICE

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### **Protocol for Nurse Management and administration of intramuscular Hydroxocobalamin injections**

Vitamin B12 is needed for natural life. It is needed to make new cells within the body which are generated every day. Vitamin B12 is naturally found in meat, fish, eggs and milk - but not in fruit or vegetables. Normally a well-balanced diet contains enough vitamin B12 however, a lack of vitamin B12 may lead to anaemia and other issues.

If the patient is being treated without any neurological involvement, loading doses of 1mg/1ml to be administered three times a week for 2 weeks, following this 1mg/1ml every 12 weeks.

Where there is a neurological involvement, please refer to the specialist advice from a haematologist.

If the clinician requires the patient to have hydroxocobalamin injections more frequently than 12 weeks, this should be documented in the patient's records and the prescription should be amended by the clinician to reflect this change.

#### Prior to consultation

- Check when the patients last injection was administered to ensure they are due their injection at time of appointment
- If this for a first loading dose, check this has been clearly documented and prescribed by the clinician
- Ensure annual full blood count and B12 folate ferritin has been taken.
- You are fully aware of the drug and it's side effects and are up to date with the procedure for anaphylaxis management.

### The consultation

- Introduce yourself to the patient
- Ensure they understand the purpose of their visit.
- Explain the procedure to the patient and offer the opportunity for questions
- Gain consent from the patient

### Equipment

- gloves
- apron
- cotton wool
- sharps bin
- 21gauge needle green
- 23 gauge needle blue
- 1ml syringe
- Cleaning swab
- plaster
- Prescribed hydroxocobalamin 1mg/1ml ampule

### Procedure

- Ensure the patient provides consent for the injection.
- Check drug ampule is within date and is the correct dose
- Draw up the drug using the green 21g needle and syringe.
- Ensure drug is level with the 1ml line to ensure correct dose will be administered and is free from any significant air bubbles
- Remove green 21 g needle and dispose of this in the sharps bin
- Apply blue needle.
- Choose site of injection, ideally this should be side alternated from the last injection. The deltoid muscle is to be used.

- Cleanse skin with cleaning swab if the skin is visible unclean.
- Spread the skin tight and insert needle at a 90 degree angle
- Once the needle is inserted in to the muscle, administer the drug slowly
- Once administered remove the needle at the same angle
- Dispose of needle in the sharps bin immediately
- If the injection site bleeds, apply direct pressure over the area using cotton wool until stopped, if the injection site continues to bleed, apply a plaster ensuring there are no allergies, if so cotton wool and tape may be suffice
- Advise the patient when their next injection is due for an appointment to be booked.
- Be observant for any reactions, Ensure the patient is well recovered from the injection before allowing the patient to leave.
- Ensure this procedure is documented on the patients S1 records, documentation is to include
  - Site of injection
  - Batch number
  - Expiry date
  - Date next injection due
  - Set recall for next injection

Please ensure a prescription is generated for the ampule used for the dispensary.

## References

[Vitamin B12 Deficiency and Pernicious Anaemia | Patient](#)

[Anaemia - B12 and folate deficiency | Health topics A to Z | CKS | NICE](#)

These guidelines should be reviewed annually to ensure standard practice is the same and publications and evidence remain up to date.

Next review on or before May 2022

Completed by Gemma Hooper

