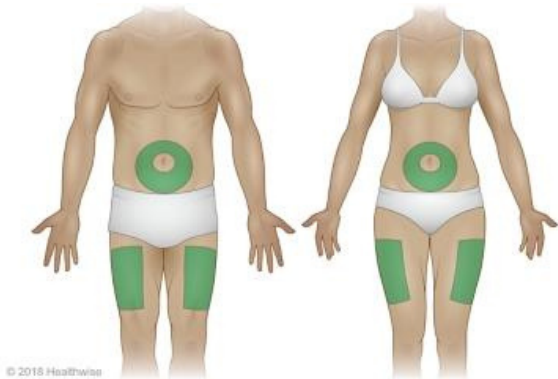


## How to Give a Subcutaneous Shot: Care Instructions

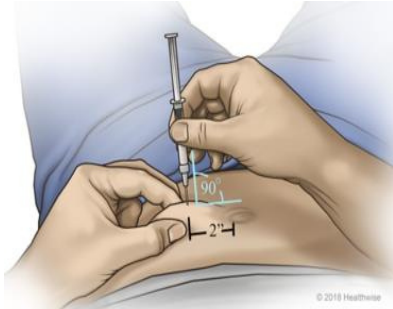
1. **KEEP YOUR MEDICATION REFRIGERATED.** Gather your equipment. This includes your syringe (containing medicine) and an alcohol wipe or a cotton ball dipped in alcohol.
2. Wash your hands with soap and running water. Dry them well.
3. Choose a spot on your belly or thigh for the shot. A shot in the belly should be 5 centimeters away from your belly button.



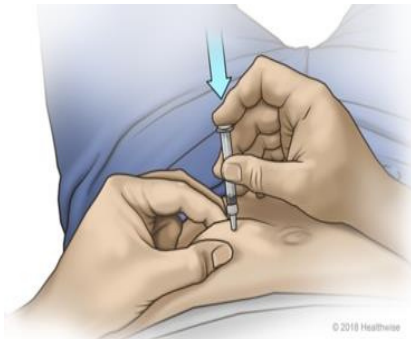
4. Use alcohol to clean the skin. Let it dry.
5. Remove the cap from the needle. Hold the syringe like a dart close to the site.
6. Keep your fingers off the plunger.
7. Slightly pinch a fold of skin at the spot you choose. Pinch it between the fingers and thumb of one hand.



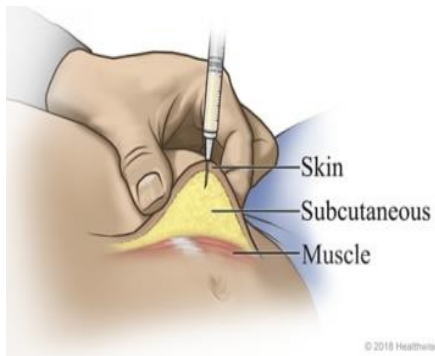
8. Place the syringe at a 90-degree angle to the shot site. The needle should stand straight up from the skin.



9. Quickly push the needle all the way into the pinched-up fold of skin



10. Push the plunger of the syringe all the way in. This allows the medicine to go into the fatty tissue. Be sure to hold the skin fold as you give the shot. This will help make sure that you don't inject the medicine into muscle.



11. Take the needle out at the same angle that you inserted it.

12. Let go of the skin fold. *If you bleed a little, apply pressure over the shot area. You can use your finger, a cotton ball, or a piece of gauze. To help avoid bruising, don't rub the area.*

14. Dispose of the needle safely, place in water bottle or glass jar with cap. **Don't use the same needle more than one time. Slightly change the spot where you give the shot each time you do it.**

## Injection Training

Date: \_\_\_\_\_

Patient Name:

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*Last Name*

*First Name*

**Initial on line:**

\_\_\_\_\_ Dose Info handout reviewed and received

\_\_\_\_\_ Eating – Drink water, eat daily, prioritize protein

\_\_\_\_\_ Follow injection instruction sheet reviewed and received

\_\_\_\_\_ Syringe filling demonstrated

\_\_\_\_\_ Reorder process reviewed

\_\_\_\_\_ I acknowledge that I have received injection training

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**Patient Signature**

Date

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**NSWL Representative Signature**

Date