



# Intra-Articular Injection Procedure

Procedure Number

CHC-IC-0055

Version Nos:

1

## 1. Purpose

This Procedure outlines the process for the administration of an intra-articular injection throughout the West Coast District Health Board (WCDHB).

## 2. Application

This Procedure is to be followed by all WCDHB staff.

## 3. Definitions

For the purposes of this Procedure:

***Intra-Articular Injection*** is taken to mean a procedure used in the treatment of inflammatory joint conditions whereby the needle is injected into the affected joint where it delivers a dose of an anti-inflammatory agents.

## 4. Responsibilities

For the purposes of this Procedure:

***Professional Advisors*** are required to:

- Oversee all clinical aspects of this Procedure

***Staff Members*** are required to:

- Ensure they abide by the requirements of this Procedure;

## 5. Resources Required

This Procedure requires:

- Gloves - Sterile
- Sterile swabs – Alcohol and Chlorhexidine or Providone Iodine (allow drying)
- Pre-packed sterile needles (19, 21 & 23 gauge) and syringes (2, 5, 10 & 20ml)
- Single-dose sealed ampoules of injectable corticosteroid
- Single-dose sealed ampoules of local anaesthetic (lignocaine 1 or 2%)
- Synovial fluid collection bottles
- Sterile dressing (e.g. Opsite)

## 6. Process

- 1.01 Procedure is to be explained to the patient, including the risks and possible side effects. The toxicity of the steroid injection is low but patients should be warned regarding flushing (12%), post injection flare (15%) and sepsis (< 1:78 000 risk)
- 1.02 Procedure is to be performed using aseptic technique with sterile equipment.
- 1.03 Sterile Gloves are to be worn to protect the operator. However, if a no touch technique is used then gloves do not need be sterile.
- 1.04 The overlying skin should be cleaned with a sterile swab of either Alcohol and Chlorhexidine or Providone Iodine and allowed to dry.



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- 1.05 A no touch technique is essential after cleaning so any mark to identify the point of entry should be made earlier. The point of entry can either be marked by a cross with the centre removed by the antiseptic swab, or by the use of a single use sterile marker pen.
- 1.06 Following the procedure the injection site is to be covered with a sterile occlusive dressing such as an Opsite.
- 1.07 Important clinical features that always require consideration of sepsis include:
- Acute synovitis, especially in patients at increases risk of joint sepsis (rheumatoid arthritis, diabetes, immunocompromised patients). Sepsis most commonly occurs in joints with
  - pre-existing damage
  - Rapidly progressive symptoms in a single joint
  - Additive joint involvement ( e.g. 1st metatarsophalangeal joint, followed by ankle & then knee involvement on the same side)
  - Erythema overlying the joint ( a sign of periarticular inflammation that particularly accompanies sepsis or crystals)
- 1.08 The American Academy of Orthopaedic Surgeons - Best Practice Guidelines and Recommendations regarding the use of Antibiotic prophylaxis for joint replacement states that patients with one or more of the following risk factors prior to invasive procedure may result in bacteraemia:
- All patients with prosthetic replacement
  - Immunocompromised and Immunosuppressed patients
  - Inflammatory arthropathies(e.g. rheumatoid arthritis, systemic lupus erythematosus)
  - Drug induced immunosuppression
  - Radiated immunosuppression
  - Patients with co-morbidities (e.g. diabetes, obesity, HIV, smoking)
  - Previous prosthetic joint infections
  - Mega-prostheses
  - Insulin dependant(type 1) diabetes
  - Malignancy
  - HIV infection
  - Haemophilia
  - Malnourishment

And therefore additional care is required with these patients.

### 7. Precautions And Considerations

- ➔ Procedure is to be performed using aseptic technique with sterile equipment.
- ➔ Sterile Gloves are to be worn
- ➔ Following the procedure the injection site is to be covered with a sterile occlusive dressing

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## 8. References

Best Practice & Research Clinical Rheumatology Vol. 19 No. 3 pp.369, 2005 Joint aspiration and Injection: Phillip Courtney, Michael Doherty

American Academy of Orthopaedic Surgeon Best Practice Guidelines 2009

## 9. Related Documents

WCDHB Infection Control Manual

<b>Revision History</b>	<b>Version:</b>	1
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