

that come with the medications help determine the proper gauge of needle for viscous fluid. Thin fluid can pass through a 27-gauge needle, whereas a 20-gauge needle may be needed for thick fluid (e.g., blood).

Safety devices are frequently attached to needles because the Occupational Safety and Health Administration (OSHA) of the Department of Labor requires that employers protect employees from accidental needle sticks. These devices make needles more costly, but safer. Accidental needle sticks can result in the transfer of blood-borne pathogens (bacteria and viruses) from the patient to the person administering the medication.

Needle protectors either retract the needle before it is pulled out of the patient or cover the needle after use (Fig. 10-22). The easiest way to become familiar with the various types of needle protectors is to practice with them on a mannequin. Ideally, a needle is never recapped by hand. After the injection, the needle and syringe should be thrown away immediately in a biohazard sharps container (Fig. 10-23). However, after medication has been prepared, the needle may be recapped so it can be taken to the patient for administration of the medicine. The safest procedure is called the “scoop” method, in which you lay the cap on a flat surface and scoop it onto the needle.

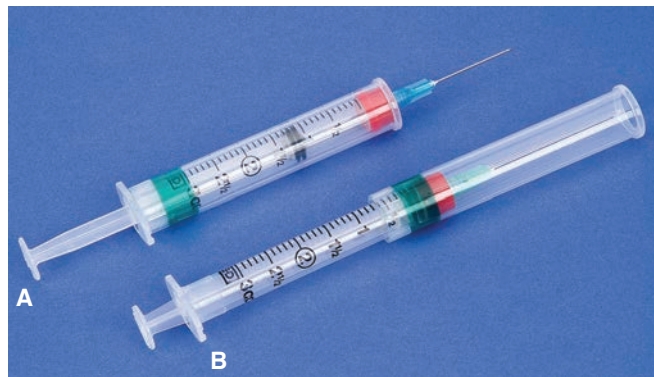


FIGURE 10-22: (A) Safety syringe. (B) The syringe has a needle protector covering the needle after use.



FIGURE 10-23: Biohazard sharps containers. Dispose of used needles, syringes, or any other sharp object such as a broken medication vial in a biohazard sharps container. When placing a needle into a sharps container, always place the dirty tip of the needle down.