DEPARTMENT OF **HEALTH AND COMMUNITY SERVICES**

Tips for Administering Pan Benzathine Penicillin

The following tips are provided as practical enhancements to the technique in the preparation and injection of Pan Benzathine Penicillin.
Difficulties in Pan Benzathine administration involving the blockage of needles, does occur. While these tips may not eliminate all instances of blockage, utilisation of these tips should make an appreciable improvement in successful administration.

Note: Administration is still subject to the endorsed Benzathine Penicillin Guidelines contained in the Additional Clinical Protocols folder / CARPA STM 4th Ed

TIP	***COMMENT***
Warm the diluent	Warming the diluent is known to make dissolution easier. (Do not microwave as this generates uneven heat) - Where water is the diluent, Aspen advise this can be heated up to 60^0C before product degradation would occur. A lower temperature will still be effective to aid dissolution and is preferred! - Where Lignocaine is used as diluent, a maximum of 40^0C should be observed
Gently mix – don't shake!	Rolling the vial between hands is the preferred technique. This also aids warming the solution.
Use a 19G needle as a minimum	A wider bore needle is obviously less likely to obstruct. A common concern is that larger bore needles are more painful, but there is no proven significant difference in painfulness. Conversely, other factors of injection technique may affect injection site pain. Most significantly, a failed injection due to a blocked needle is both physically and psychologically more painful.
Do not reduce the recommended volume of diluent	A more concentrated solution is more likely to lead to needle obstruction. (A more concentrated solution is also more painful)
Avoid delay once mixed	Delay potentially increases the likelihood of precipitation.
Avoid pre-loading the delivery needle	Discarding a drawing up needle and replacing with a new needle for injection is best practice. The key additional suggestion here is to ensure that the delivery needle is attached just prior to delivery, taking care that the needle is not primed with fluid; rather a small air pocket is used to buffer the needle from being prematurely primed. This strategy will still allow a draw back to check against intravenous placement of the needle. A minute volume of air will not have significance in a intramuscular deposit.
Use a luer lock syringe	Although the overall goal is to avoid blocked needles, there may be occasions when extra pressure is used to try and dislodge a blocked needle. Unreasonable use of pressure is not supported. While pressure used shouldn't be sufficient to cause the needle and syringe to be forced apart, a Luer-lock syringe will help prevent unwarranted spray of penicillin.