ABSTRACT
Objective: to identify the difficulties of nursing professionals of urgent and emergency in the administration of intramuscular medications in ventrogluteal region. Method: analytical, quantitative research, with 257 nursing professionals (nurses, technicians and nursing assistants) of six health institutions of urgency/emergency. The data was obtained through a form in which they were stored and analyzed by Epi Info 6.04. The research project was approved by the Ethics and Research Committee, under paragraph CAAE 017493/2007-42. Results: 73 professionals who never performed the technique of administering intramuscular medications in ventrogluteal region justified ignoring her and 48 are unsafe in doing it. Of the total professionals, only 28.0% claimed to have known this region during training. Conclusion: it was noted that one of the main impediments in administering medications in ventrogluteal region is the lack of knowledge of professionals about this technique. Descriptors: Primary Nursing; Intramuscular Injections; Buttocks.

RESUMO
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INTRODUCTION

While trying to investigate the reasons for the complications for application of injections in the region dorsogluteal (RDG), Swiss anatomist Von Hochstetter and his collaborators discovered, in 1954, a region conducive to administer solutions intramuscularly (IM) formed by the gluteus medius and minimum, today known as the ventrogluteal (RVG).\(^1\)\(^2\) It has been detected that besides favorable to perform IM injections, it had several advantages over other regions as being limited by bone components with great thickness and muscle with very little fat, situated far from calibrated blood vessels and nerves signifiers, besides being a region less contaminated.\(^1\)\(^6\)

Other studies have ratified the safety and efficiency that the region provides these.\(^2\)\(^3\)\(^7\)\(^8\) Besides these, the study of Cassiani and Rangel,\(^7\) a bibliographic survey about the complications after IM injections, held January 1970 to August 1997, revealed the absence of reports of complications in this region, corroborating the Godoy\(^10\) survey which obtained the same finding.

The above-mentioned situation is due to the fact that the region is free of complications - except the general problems that can occur in the use of the IM-or due to its lack of use, or for the underreporting of these accounts.\(^5\)\(^11\)\(^3\) However, in accordance with the scientific benefits of the site, especially the anatomical area scholars are unanimous in indicating the RVG as first option for administering IM solutions.\(^1\)\(^2\)\(^5\)\(^10\)

The only evidence of complication involving the RVG, referred to in the literature, was the case of a person who has received 18 applications IM diclofenac sodium. It is noteworthy that the administration was carried out by the patient or by someone in the family. However, these people did not rule technical knowledge to such a procedure, a fact which makes the award of such complications to inconsistent RVG.\(^14\) It is noted that the puncture was performed on the coronal line of the body, which is a misnomer, since the application should always be performed before this.\(^4\)

In addition to this case, the studies cite only three disadvantages of RVG: resistance to changes of traditional techniques on the part of professionals; the anxiety of the patient, not knowing its indication and, finally, the fact of seeing the puncture, however, it could not be considered because the deltoid that fact also occurs. However, the population already recognizes the deltoid as a region provides the administration of medicines.\(^1\)\(^11\)\(^2\)

Realizing the importance of RVG and its advantages to the practice of injections via IM, the technique should be, effectively, the first choice of professionals. However, studies show that few professionals have already had the opportunity to administer medication IM on RVG, resulting in knowledge and skill deficit, in addition to the low use of this region by professionals.\(^5\)\(^15\)

Recognizing the gap between what the literature suggests and what the category has performed in his professional practice, in addition to being able to contribute to the discovery of ways to enhance the reality of the administration of medicines and enforce the code of ethics of nursing that article 12 lays down as responsibility and duty to "ensure the customer a free service of malpractice damages arising, negligence or recklessness",\(^16\)\(^9\) the study recorded in the PROCUIDADO research group at the Federal University of Alagoas (UFAL), has the following objective: to Analyze the reasons that hamper the administration of medicines by via IM on RVG by nursing professionals allocated in emergency units.

The selection of the emergency units occurred because in them the administration of medication IM in RVG has elementary importance, seen that in most cases these institutions there is a great difficulty and, even, the risk of aggravating the clinical picture of the patient to mobilize it. Thus, the change in decubitus unnecessary should be discouraged and drug delivery IM in this complication, avoids RVG since this technique can be performed independent of the decubitus in which the person resides.

METHODOLOGY

Analytical character study of a quantitative nature, carried out in five "mini ERS" and in general State Hospital (HGE), in the city of Maceió-Alagoas. This latter institution, due to the large number of professionals in the nursing category (651), were selected only those which were scaled in medications (male, female and child), since the purpose of the research, which is the inclusion criteria.

The exclusion criteria of the professionals in the selection of the sample were: already have answered the form in another institution. Eight professionals did not accept to participate in the research. If the institutions do not agree, the research does not happen. And if the "n" needed was not reached within the stipulated period for the collection of data, the search would be
suspended. Thus, the sample was composed by 257 professionals, being 40 nurses and 217 nursing assistants and technicians.

The researchers, through the monthly scale of each institution, were going to health units and remained until the collection of forms that were filled out. The professionals were informed that they would not be identified and that at any moment of the research they could give up to participate. After signing a free and informed consent (FIC), answered the form and sent to researchers, remaining a copy of FIC with them.

At the end of the collection, it was built a database in which the answers were analyzed statistically, resulting in measures of absolute frequency (n), relative frequency (%) proportionality association measures, odds ratio (rcO); and measures of significance Chi-square, (p) and Fisher (pf). Initially, the work describes the variables and, at the end, realizes the associations of variables through statistical tests mentioned above.

The research project was approved by the Ethics and Research Committee of UFAL, under the number 017493/2007-42.

RESULTS

The analysis of the data revealed that, of the 257 nursing professionals components of the sample studied, 84% were technicians or nursing assistants, while 16% were nurses. It was also found, the amount of years that these professionals were working in the area of nursing an average of 16.76 years; most of the participants had between 20 to 29 years of labor in nursing (38.8%), and the lowest percentage, 9.0%, 30 years or more.

The study identified that most research participants graduated in 2000, being the minimum year, 1969, and the maximum year, 2009, of which 237 have concluded their training in Alagoas, and the others (20) in other Brazilian States. Considering the measured average, these professionals had 15 years of graduates, around the year 1994. The disclosure of the RVG wider was from the work of Castellanos in 1977,\(^5\) fact which justifies that there should be no hindrance to knowledge of these professionals about the region studied.

In relation to IM regions, respondents reported that, during the training, the deltoidian regions (RD) and RDG were the most mentioned with 92.6% respectively and 91.1%, and the anterolateral region of the face of the thigh (RFALC) was cited by 58.8% of the sample. However, the RVG it was reported by only 28.0% of the sample. It should be clear that the answers are in accordance with the learning and the memories of each profession; thus, we cannot say that the training courses did not work this content.

Relating the possible regions for drug delivery via IM to the categories of nursing, it is interesting to note the results presented in Figure 1. It is noted that most regions mentioned in training courses, according to the memories of the respondents, were the RD and the RDG, being cited respectively by 95.0% and 87.5% of nurses, 92.2% and 93.0% of technicians and 92.2% and 90.2% of the auxiliaries. In relation to RFALC, third most mentioned, 55.0% of nurses, 65.2% of technicians and 52.9% of reported have known it during their training. RVG was mentioned by only 25.0% of nurses 36.5% of technicians and 19.6% of the auxiliaries.

![Figure 1. Distribution of nursing professionals by category according to the regions learned in the training course. Maceió-AL, 2009.](image-url)
We inquired to 160 professionals, which never carried out the technique on RVG, the causes prevented to perform such a procedure, obtaining as a result the ignorance of this technique by 45.6% (73) of professionals, while 22.5% (36) revealed never having seen a co-worker administer medicines IM in the region.

Still on this issue, 40% of the respondents (64), the second highest number of indications, reported owning other reasons that prevented to administer medicines on RVG. Thus, the data showed that 76.6% of them justified saying that feel insecure in performing the technique. On the other hand, 10.9% reported that do not use the RVG because institutional routines ignore this region, 7.8% reported not liking or not have habit or even never have needed in this region. But 3.1% report that the region is insecure and 1.6% did not justify the impediment.

Therefore, the main impediment of nursing professionals in the region use VG is the ignorance of the technique, mentioned by 45.6% of participants in the survey, followed by the insecurity in accomplishing it (30.6%), never observed in the workplace (22.5%) of patients complain of this place (9.4%), professionals believe to be a risky technique for the client (8.7%), does not have established routine in work sector (4.4%) for not liking perform such a technique, not a habit and not need (3.1%).

Faced with this reality, it was realized the importance of asking the professionals would delimit correctly the puncture place of IM injections in order to minimize the risks inherent in this technique. The study revealed that 57.6% do not know delimit the RVG, against 42.4% who claimed to know to delimit it. The situation presented is justified by this being the area least mentioned and less emphasized in courses for the training of nursing professionals.

In this research, it was asked to respondents who to delimit the RVG in words. The responses were analyzed and divided into four groups, which show the number of respondents who knows or not delimit the RVG in words. The responder to enter in the group who knows how to describe the RVG should expose the following points: 1- Place the non-dominant hand on the hip of the client, flattened on the basis of the greater trochanter of the femur; 2- Locate with the index finger, the anterior superior iliac spine; extend the middle finger along the iliac Crest and form with the scorecard, a triangle; 3- Perform puncture in the center of this region.
triangle. However, if at the end of the survey the participant did not know the name of anatomical structures, but delimit the correct way, was included in that group. Upon examination, it appears that only 1.6% of nursing professionals know how to delimit correctly the limits of RVG.

Participants that delineate the region properly, but not complete, fit in the group that has delimit in part, with 9.7% frequency. The second largest percentage is represented by those who erroneously delimit the region, corresponding to 19.1%. However, the prevalence (68.1%) was of professionals who do not delimit the region. This included people who left blank and/or describe something out of context.

After describing the variables of this study, tables 1 and 2 present, respectively, the association of proportionality measures and measures of significance of some variables. Table 1 presents the measures of association of proportionality -odds ratio- of some variables, relating with the chances of professionals administer medicines on RVG, as well as its impediments.

The data in table 1 indicate that professionals who have seen the RVG in training have better chances of 5.07 administer injections in the region when compared to those who have not seen. Corroborating this result, it was observed that emphasize this region in training courses provided to nursing professional 4.37 times more likely in administering injections in RVG. Indeed, these values show that the fact of not having been emphasized in RVG training courses, neither of them mentioned, provided a deterrent to professional nursing care in performing such a technique.

### Table 1. Statistical analysis by testing odds ratio. Maceió-AL, 2009.

<table>
<thead>
<tr>
<th>Variables</th>
<th>ODDS ratio</th>
<th>Inferior Parameter</th>
<th>Superior Parameter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saw the RVG in training course</td>
<td>5.07</td>
<td>2.83</td>
<td>9.09</td>
</tr>
<tr>
<td>VG region emphasized in the training course</td>
<td>4.37</td>
<td>1.49</td>
<td>12.83</td>
</tr>
<tr>
<td>Professionals that delimit the RVG correctly</td>
<td>23.86</td>
<td>12.16</td>
<td>46.81</td>
</tr>
<tr>
<td>Professionals that delimit the RVG in part</td>
<td>4.03</td>
<td>1.66</td>
<td>9.76</td>
</tr>
<tr>
<td>Professionals that delimit the RVG incorrectly</td>
<td>7.06</td>
<td>3.71</td>
<td>15.57</td>
</tr>
<tr>
<td>Professionals that think the RVG risky</td>
<td>-8.49*</td>
<td>-4.47*</td>
<td>-16.71*</td>
</tr>
<tr>
<td>The insecure professionals in doing the RVG technic</td>
<td>-30.05*</td>
<td>-15.07*</td>
<td>-60.01*</td>
</tr>
</tbody>
</table>

#The negative sign is understood as chances not to administer medicines on RVG, i.e. the proportion of impediments in doing such a technique.

In the case of delimitation of the RVG or Hochstetter, the odds ratio revealed that the professionals who knew how to delimit the technique correctly have 23.86 times more possibilities to administer injections at the place than the professionals who do not did it. The professionals that delineate the region partly correctly had their chance reduced to 4.03 times. However, the professionals that delineate this technique wrongly gained 7.60 more likely to execute it. Who already mentioned that the technique was risky to the user had 8.49 times more impediments when compared to others, and the professionals who reported insecurity obtained 30.05 times more impediments to perform this technique.

Table 2 shows the variables that have relationship with the administration of medicines in RVG. This association exists when the values of (p) or (pf) are less than 0.05. When this value is greater, has the meaning that the variable in question did not influence, according to the statistical analysis, for the professional administering IM injections on RVG.

### Table 2. Through statistical analysis of the measures of Association Chi-square and Fisher's exact test, Maceió-AL, 2009.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Chi - square (p)</th>
<th>Fisher (pf)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Formation</td>
<td>1.2</td>
<td>0.55</td>
</tr>
<tr>
<td>State of Formation</td>
<td>0.55</td>
<td>-</td>
</tr>
<tr>
<td>Years of Formation</td>
<td>4.25</td>
<td>-</td>
</tr>
<tr>
<td>Years of Practice in the profession</td>
<td>0.22</td>
<td>-</td>
</tr>
<tr>
<td>Professional category</td>
<td>0.000(…)</td>
<td>0.000(…)</td>
</tr>
<tr>
<td>Had as first place RVG for IM injections</td>
<td>-</td>
<td>0.000(…)</td>
</tr>
<tr>
<td>Already administered medicines on RVG</td>
<td>-</td>
<td>0.000(…)</td>
</tr>
<tr>
<td>Never seen the technique at work</td>
<td>0.000(…)</td>
<td>-</td>
</tr>
</tbody>
</table>

The Chi-square test revealed that the variables 'year of formation', 'State in which the professional graduated', 'the amount of years formed' and 'exercise the profession', had no relevance to nursing professionals to administrate medicines in VRG. Professional category variables, 'have as first choice the RVG to administer medicines IM', 'already have used this technique' and 'never have seen application in the workplace', had strict respect for professionals perform this technique or not.
DISCUSSION

On this information, it is asking: will the nursing professionals struggle to keep updated? Older workers have difficulties in accepting the new information brought by newly trained professionals? Or younger professionals don’t infuse security to adopt new practices, to the point of producing changes in the practices of the oldest? As it can see, there are many issues that deserve to be investigated and that present themselves in this work as objects for further studies.

The present study revealed that RVG was the least mentioned in the courses for the training of nursing professionals, according to the respondents, even being considered by the scientific community, the region more conducive to realization of the technique of administering medicines IM, being free of risks due to their anatomical characteristics.1, 3,7,8,15,17 Regarding the occupational categories, it was found that nurses despite having a college education and responsibility about the team, was not the professional category that gained more knowledge about the RVG. This situation becomes even more troubling, when two professionals reported seeing RVG technique in the nursing technical course and to undertake undergraduate program, this region has not been addressed.

The study showed that the traditional regions, RDG and RD, still are, respectively, the most mentioned by the professionals. This information persist unchanged to the present day, because studies of the 70th decade and, more recently, in a study conducted in the first decade of the century XXI15 already showed this reality. Specifically on the RD, the training courses should be highlighted it, however, their approaches should emphasize the risks inherent in the region and thus become the last option of professionals, when related to other regions, as recommended currently by the scientific literature.5,13 in one survey of literature review, this was the site that introduced more local intramuscular post-injections complications in adults.9

The fact of the RVG has been the least mentioned in the training courses of the three categories of nursing reflects directly on the use of this technique and becomes a decisive factor for the practice during the working life, because as a hospital school study reveals the interior of São Paulo, with nursing professionals, when asked about how they took knowledge of the regions for applying intramuscular medications, 84.4% of them indicated that it was in the institution in which they formed, 6.3% reported that they learned with colleagues, 3.1% who learned in the process of updating and 6.3% did not respond.5

The study makes clear the importance of the training course for the execution of such techniques, as well as of service education courses, which proved to be important instruments for the increase of knowledge of professionals about the administration of medicines IM.18 As regards permanent education, the study reveals the importance of this strategy for understanding and use of the best and current evidence on drug delivery IM by nursing professionals, enabling a more secure service to the population.19

Thus, one should reflect how educational institutions are acting on this situation. These institutions are actually updating the knowledge that convey? Are they transmitting knowledge in the best way? Does the methodological approach is being efficient? What should be the best methodology employed by teachers for this procedure? Thus, it can see that are various questions to be answered, still permeate the issue of use of the RVG.

In this sense, the study showed that, depending on the kind of strategy employed to discuss this theme, the content can best be assimilated. Corroborating this claim, a comparative study between two groups of students subjected to different teaching methods for application of injecting via IM showed that the group of traditional teaching (lecture and demonstration) obtained lower performance when connected to the modules auto instructional, indicating the favoring of assimilation of content.10 The courses trainers hurried efforts to adopt a methodology that offers a better learning to future professional who will make available to society.

Despite the low use of IM injections application in RVG, the nurses are still the ones who opt for this as a first option, even having less contact in the course of training, when compared to other categories, as this study reveals. Is what is expected of the nurse as it is the professional responsible for the nursing staff and that should keep it updated and trained in order to reduce the risks inherent in their duties within the health establishment, besides having greater knowledge in nursing content and basic health, such as anatomy, providing more security to the professional.

It is noted that the discreet use of the RVG by nursing professionals transcends regions, because the present study also indicates that the 20 professionals trained in other states, only six (30%) already administered injections
on RVG. Surveys conducted in other countries like Canada\textsuperscript{11} and Ireland\textsuperscript{12} reveal a similar situation. A study, conducted in 1977, ratifies this situation, and reveals that the RVG is the least known, used or directed to be used, because only 43.75\% of teachers and nurses and only 1.29\% of the assistance mentioned for such purposes, leading to a vicious cycle where lack of knowledge leads to non-execution and/or indication of that region, allowing great chances to train future professionals with the same deficient knowledge and skill.\textsuperscript{5}

Corroborating data, a study conducted in the State of Bahia with 35 nursing professionals of four public and private hospitals, found that only seven Professional (20\%) already administered medicines IM in this region, against 28 (80\%) of which never performed this technique.\textsuperscript{20} Ratifying the above-mentioned results, the research carried out in a Hospital School of the interior of São Paulo with 32 professionals found that 20 of them (62.5\%) do not use the RVG and only five (15.62\%) indicated having performed the technique in this region.\textsuperscript{15} Thus, it should be noted that in other localities of Brazil, and even internationally, nursing professionals also seem to have little preparation and safety to perform this technique.

Given the discrepancy between the literature and the use of the RVG, it was necessary to question the nursing professionals about the impediments in administering medication IM on RVG. Thus, it was found that the main impediment revealed in this study was the lack of knowledge of professionals. Corroborating these results, a study conducted in 2008, obtained the same conclusion.\textsuperscript{20}

Another impediment mentioned by nursing professionals (9.4\%) was the complaint of patients when using this place. However, in a study using the dual vaccine to administer the RVG bacterial adult use, respondents, after receiving clarification on the region and its benefits, as well as the vaccine at this location, 75.9\% (22) were in favor of the use of the region for future injections, and only two customers (6.9\%) reported to prefer other regions.\textsuperscript{17}

Still on this issue, other professionals (8.7\%) considered risky technique for the patient, however, throughout the scientific literature surveyed, none mentioned risks to the patient, unless the risks inherent in medication delivery IM, on the contrary, discloses as the region safer and as first choice for the procedure. The only disadvantages mentioned in literature is the fact the client view injection administration and be apprehensive, as well as the professionals’ resistance to change by clinging to traditional techniques and insecurity due to lack of specific training.\textsuperscript{1,2}

Some works of the area they found similar results as 34.38\% of respondents (11), a study conducted in 2004, reported that they saw the procedure at school, but feel insecure; two (6.25\%) indicated insecurity, a total of 40.63\% of professionals who have insecurity in performing such procedure; 12.5\% responded that never viewed such a technique in their work; one did not specify the reason (3.13\%) and other one (3.13\%) believed to be more painful for the customer.\textsuperscript{15}

In the current reality of health units, in which the rhythm of work is accelerated and the categories nursing professionals are overloaded, the diffusion and spread of knowledge about the RVG have restrictions thus, breaking of taboos and cultural roots of regions for administration of medicines, and the empowerment of knowledge of this region for part of the population, a fact that could make it an ally of nursing in disclosure.

Strengthening the data of this research on the knowledge of nursing professionals to delimit the RVG, a study reveals that, when asked to delimit the RVG, most professionals couldn’t perform, only three professionals (9.38\%) correctly indicated the application in the correct region, being delimit incorrectly by 22 professionals (68.75\%),\textsuperscript{15} similar to the results of this study. However, an extremely worrying result was revealed in this survey, because the professionals who think know delimit the technique properly to leverage of errant mode, providing the user risks by he assisted. This information reveals that the deficiency in knowledge of the RVG is added to little knowledge in other fields of knowledge, mainly, Anatomy and physiology.

**CONCLUSION**

Data collected, analyzed and discussed in this research have concluded that several factors influenced the nursing professionals who worked in the emergency units of Maceió to manage IM injections on RVG. However, the most glaring of those factors were the lack of technique and the insecurity caused by insufficient knowledge and practice in training courses.

It is Worth to show that by data discussed training influences the adoption in practice of this procedure, however, after training, years of training or exercise in the profession have no statistical significance to administer IM
injections in this region. Thus, we highlight that most professionals even have in their courses the opportunity to hear in the region, while the few who study the subject judge insufficient learning to provide security.

In this way, teaching professionals of the area should reassess the methodology used for the formation of future nursing professionals, as these are initiating and keeping unsafe in the labor market to perform administration of medicines IM on RVG, which is considered by the whole scientific community as the safest to perform this technique.

Nursing professionals are subjecting their customers to the risk of injury due to non-use of the safest technique for drug delivery via IM, one of the oldest nursing practices. It is emphasized the importance of this study, as current situation reflective form of category and thereby verify means to change this reality, as theoretical and practical trainings for professionals and more security and emphasis when discussing about technique of administering medicines IM on RVG (Hochstetter) to students who are still in training courses.

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Theory x practice in intramuscular injections...


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