Shoulder injury related to vaccine administration and other injection site events

**Figure 1**

**SIRVA**
Shoulder Injury Related to Vaccine Administration

**What to watch for when landmarking:**

**Too High**
- Risk of injecting into shoulder joint or bursa
- Can cause inflammation leading to bursitis, frozen shoulder syndrome, and other complications
- Watch for prolonged shoulder pain, weakness, and decreased range of motion
- Symptoms begin within hours to days
- Without treatment, symptoms last months and may never resolve

**Too Far to Side**
- Can inject into axillary nerve

**Too Low**
- Can inject into radial nerve
- Can cause paralysis and/or neuropathy
- Watch for burning, shooting pain during injection
- Symptoms start immediately

**What happens when:**

**Needle Too Short**
- Can inject into subcutaneous tissue
- More painful for patient
- Risk of skin reaction
- Vaccine may be less effective

**Needle Too Long**
- Can hit bone or nerve
  - If you hit bone, pull needle back slightly and inject
  - If you hit nerve, pull needle out and try again

**Tips to Avoid SIRVA**

**Landmark, don’t “eyeball”**
- Always sit to inject a seated patient

**Expose the shoulder completely**
- When a shirt can’t be removed, roll the sleeve up, don’t pull the shirt’s neck over the shoulder

**Remember!**
- 2-3 fingers down from the acromion

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*Most reported cause of injury

References:

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