

Name: _____

Date: _____

IM INJECTIONS

I N T R A M U S C U L A R C Z O N
D E L T O I D E S O J J R V O O I
V C D B U Z N W L Z N X V D A P N
D G W E I L Z V W V Y S L O Q W J
O I G M E D I C A T I O N R W Y E
U T L L A J A W P T G P J S T V C
O I U Y P R P S R J W B S O E A T
L H T Q V T G R H Z Z N X G N C I
A E E V A O N S O W W P P L D C O
D M U S C L E F I B E R N U O I N
T Y S A D H H U V N H I P T N N Q
W I F E J T H I G H P W M E V E G
C G S J X V S V I O Y K R A A S X
P D W K X K T Q D T B X H L Q B F
B B L F G N R P A R E N T E R A L
Y W V I K Q V A Z S Y R I N G E Q
M B W E R N B U N E E D L E T H K

intramuscular
parenteral
vaccines
deltoid
thigh

Muscle fiber
medication
Gluteus
needle
HIP

dorsogluteal
injection
syringe
Tendon