

Animal Bite Protocol

Assess need for and implement resuscitative efforts as indicated

Bite history and physical examination:

- Time since bite
- Animal details (species, behavior)
- Associated symptoms
- Vocation, avocation, and handedness
- Past medical history
- Physical examination (length, depth, contamination, and neurovascular status)

Wound care, Closure, and Antibiotic Assessment (**below**)

Tetanus Assessment (**Page 2**)

Rabies Assessment (**Page 2**)

Wound Care, Closures and Antibiotics

Evaluate need for consultant involvement: (neurovascular, joint, sensitive structure, or deep tissue compromise)

Consider radiography

Exploration, Irrigation and debridement

Antibiotic determination

Closure determination

High Risk Factors (Figure 1)

Risk of infection outweighs cosmetic/functional benefits (Figure 1)

NO

YES

YES

NO

No antibiotics

Antibiotics (Figure 2)

Healing by secondary intention or delayed primary closure

Primary closure

Figure 1: Infection risk factors

High Risk Wounds

- Hand, joint, genital bites
- Non-dog bites
- >6 hours since injury
- Crush with extensive devitalized tissue
- Deep puncture injury

High Risk Patients

- Immunocompromised
- Diabetic
- Peripheral vascular disease
- Asplenia
- Cirrhosis
- Alcohol or drug abuse
- Malnutrition
- Poor social situation

Figure 2: Empiric antibiotics

First line oral:

Amoxicillin-clavulanate

Second line oral:

Doxycycline OR TMP-SMX

+

Metronidazole OR Clindamycin

IV:

Ampicillin-sulbactam, OR

Piperacillin-tazobactam, OR

Ceftriaxone

+

Metronidazole

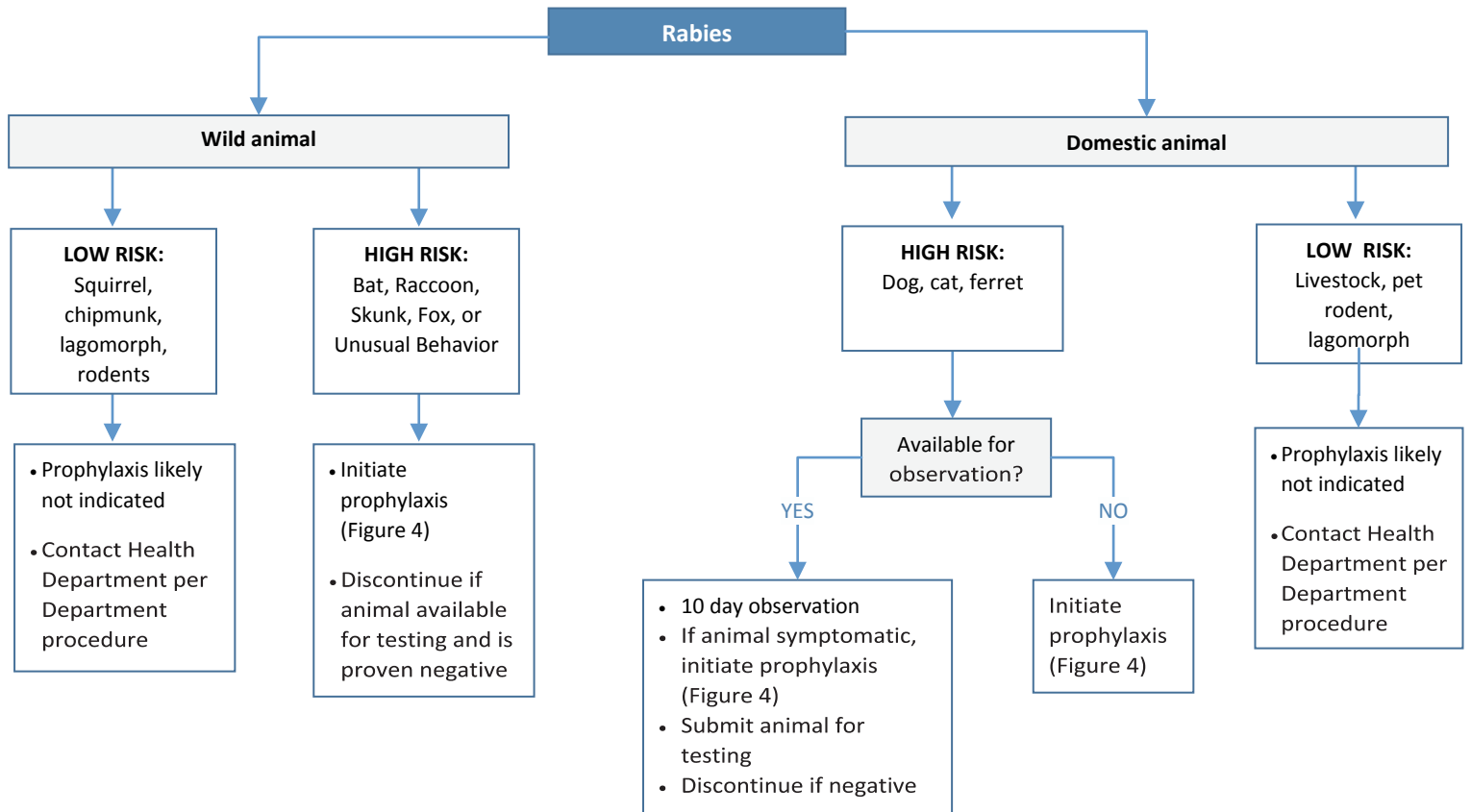
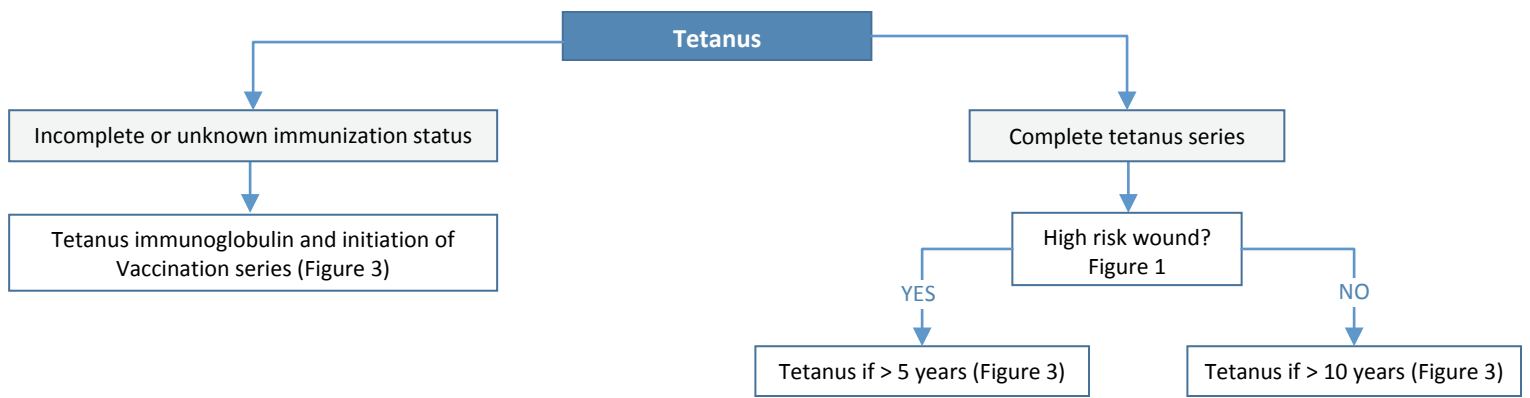


Figure 3: Tetanus prophylaxis regimen

Completed childhood series:

- Clean wound, no residual contamination, update if >10 years since booster
- Extensive contamination, complicated wound, update if > 5 years since booster

Incomplete childhood series or unknown vaccination status:

- Update tetanus booster and administer tetanus immune globulin

Figure 4: Rabies post-exposure prophylaxis regimen

Not previously vaccinated:

Rabies immune globulin: 20units/kg (infiltrate as close to wound as possible).
Rabies vaccine: 1ml IM as far from site of RIG site as possible. Patient should also receive 3 additional doses on days 3, 7, and 14 (fifth on day 28 if immunocompromised).

Previously vaccinated:

- Rabies vaccine only. Patient should receive additional dose on day 3

Refer to most updated Epic Job Aid for Rabies Infusion Therapy ordering and follow-up instructions