

Wound Tetanus Risk Assessment (Adults)

Name.....
DOB.....
Hospital No.....

Is the wound tetanus prone?

Any of:

- ☐ **Puncture** wounds sustained in a contaminated environment (e.g garden or farm)
- ☐ Wounds containing foreign bodies
- ☐ Open fracture
- ☐ Wounds or burns with systemic sepsis
- ☐ Certain animal bites and scratches- not usually domestic pets unless animal has been routing in soil or lives in an agricultural setting. NOT HUMAN BITES

☐ NO

☐ YES

Non-tetanus prone

Clean wound thoroughly
No tetanus booster or immunoglobulin required.

Patients who are unsure of their tetanus status should follow up with GP

Check vaccine history (use SCR if necessary); (If patient immunosuppressed treat as non-immune)

Has the patient received an adequate priming course of tetanus vaccine ¹, with the last dose within 10 years?

☐ YES

☐ UNKNOWN or
☐ NO

Patient immune to tetanus

- Clean wound thoroughly
- No tetanus booster or immunoglobulin required

Check immunity with Protetanus Kit
What is the result? (Please circle)

Negative

Positive

High-risk tetanus prone wound

As above, with any of:

- ☐ Heavy contamination with soil or manure
- ☐ Wounds or burns showing extensive devitalised tissue
- ☐ Wound requiring surgical intervention that is delayed more than 6 hours

Patient non-immune to tetanus

- ☐ Clean wound thoroughly.
- ☐ Give tetanus vaccine **AND**
- ☐ IM Tetanus immunoglobulin in a different site. 250 units (or 500 units if wound > 24 hrs and heavy contamination or burns).

¹At least three doses of tetanus vaccine at appropriate intervals. This definition of "adequate course" is for the risk assessment of tetanus-prone wounds only. The full UK schedule is five doses of tetanus containing vaccine.

Patients should also be advised to have further doses of tetanus vaccine as required to complete the recommended schedule (to ensure future immunity).

In areas where pro-tetanus is unavailable, or in children see the full guideline.

Summary of tetanus treatment

Generalised tetanus - clinical features includes at least 2 of the following:

- (i) Trismus (Painful muscular contractions primarily of the masseter and neck muscles leading to facial spasms)
- (ii) Painful muscular contractions of trunk muscles and
- (iii) Generalized spasms, frequently position of opisthotonus.

Airway difficulties and autonomic instability may also be present.

Localised tetanus - rigidity and spasms confined to the area around the site of the infection should also be treated as tetanus.

Consider in: injecting drug users, gardening injuries, animal bites or scratches, other contaminated trauma. However, there may be no obvious history of exposure – an unnoticed wound may be the source.

Discuss with consultant microbiologist.
Discuss with ICU.

Notify the health protection unit.

- Wound debridement
- Intravenous immunoglobulin
- Antibiotics
- Tetanus toxoid containing vaccine
- Supportive care – secure airway, antispasmodics.

- Send serum (before giving immunoglobulin) to lab
- Send tissue sample to lab

DO NOT WAIT FOR LABORATORY RESULTS BEFORE COMMENCING TREATMENT

Serum: Tetanus antibody detection

Wound tissues or pus: PCR or culture

Tetanus IgG <0.1U/ml supports diagnosis of tetanus - levels above this threshold **do not** exclude tetanus

Detection of *C. tetani* supports diagnosis of tetanus **but** a negative result does not exclude tetanus

IVIG product	Volume required (in mls)	
	Pt weight < 50kg	Pt weight > 50kg
Gammaflex 5%, Intratect 5%, Flebogamma 5%, Vigam 5%, Octagam 5%	400ml	800ml
Privigen 10%, Octagam 10%, Intratect 10%, Flebogamma 10%, Panzyga 10%, Gammunex 10%	200ml	400ml

For further advice contact the on call duty Consultant Microbiologist, PHE Colindale on 020 8327 6736. Out of hours please contact the PHE Duty Doctor on call 020 8200 4400.