

## NURSE GUIDELINES FOR ANIMAL BITES

<b>DEFINITION</b>	Bites of any animal, provoked or unprovoked, excluding reptile and insect bites.
<b>ETIOLOGY</b>	<p>Bites from any animal (e.g., human, cat, dog, rabbit, squirrel, rodent, bear, monkey, horse). Infection from pathogens in saliva, or introduction of pathogens from skin, soil, claws (such as the gram-negative bacillus, <i>Bartonella henselae</i>, in cat-scratch fever) may result. Pathogens that infect dog bites include <i>Pasteurella multocida</i>, streptococci, staphylococci and anaerobic organisms.</p> <p>The possibility of rabies in the offending animal must be considered. <i>Unprovoked</i> bites must be treated with more suspicion than bites from a teased or taunted animal. Bites from wild animals should be treated as rabid unless the animal is found to be free of rabies. Any mammal can potentially carry rabies. Skunks, foxes, raccoons and bats now account for almost 85% of the cases of rabies in animals. Rabbits, squirrels, chipmunks, rats and mice are seldom infected.</p>
<b>SUBJECTIVE</b>	Pain at site of the bite.
<b>OBJECTIVE</b>	<ol style="list-style-type: none"><li>1. Puncture wounds or teeth prints at the site of the bite.</li><li>2. Laceration at the site of the bite.</li></ol>
<b>PLAN</b>	<b>THERAPEUTIC</b> <ol style="list-style-type: none"><li>1. Wash the wound immediately and thoroughly with copious amounts of soap and water and sterile gauze.</li><li>2. Control bleeding.</li><li>3. Assess tetanus immunization status and administer tetanus containing vaccine booster if it has been five or more years since completion of primary tetanus containing series or since last tetanus booster:<ol style="list-style-type: none"><li>a. See current Georgia Immunization Program Manual, Recommended Schedule and Guidelines, for vaccine administration guidelines and for tetanus-containing vaccines indicated for age of client. The Georgia Immunization Manual may be accessed on line at <a href="http://www.health.state.ga.us/programs/immunization">http://www.health.state.ga.us/programs/immunization</a></li><li>b. Tetanus Immune Globulin (TIG) should be administered and an appropriate series of tetanus containing vaccine administered if there is no history of prior vaccination. (Not available from State Immunization Program).</li><li>c. See current ACIP Manual, <i>Diphtheria, Tetanus and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures</i>, MMWR, August 8, 1001, p.16 and <i>Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis</i></li></ol></li></ol>

*Vaccines*, MMWR, February 23, 2006, p. 25, or the 2006 Red Book, for wound management guidelines.

4. Suturing is not recommended for small bites, except on the face for cosmetic reasons. Wounds over 8 hours old are rarely sutured. If suturing is indicated, refer to MD/APRN.
5. (Scratches) Apply triple antibiotic ointment (OTC) 1-3 times daily and a non-stick dressing. Re-apply and inspect with each application, for 5-7 days.
6. (Small lacerations that are not referred for suturing) Apply antibiotic ointment (as in 5. above), followed by saline-moistened or Vaseline impregnated sterile gauze, and then cover with dry gauze. Reapply, wash and inspect b.i.d. The goal is to delay wound closure until the wound's bacterial flora has reverted to normal body flora. This process is called healing by delayed primary closure or by secondary granulation.

#### **FOLLOW-UP**

1. Coordinate with the Primary Care Provider, so the wound can be observed for healing or complications of infection. Should be seen or at least have contact with family daily for 1-3 days.
2. Observe daily for signs of infection (which usually occurs within 3 days).

#### **REFERRAL**

1. Any wound that is extensive, refer client to MD/NP.
2. Any suspicion of rabies. Bats have been increasingly implicated as wildlife reservoirs. Airborne transmission has been reported in bat-infested caves. Prophylaxis is recommended for all persons who have sustained bite, scratch or mucous membrane exposure to a bat unless the bat is available for testing and is negative. Prophylaxis also is appropriate in situations in which there is a reasonable probability that contact occurred (e.g., an adult witnesses a bat in a room with a previously unattended child or an individual awakes to find a bat in the room).
3. Report animal bites to Environmental Health for follow-up of the animal.
4. Consult with Georgia Poison Control (1-800-282-5846) if suspect exposure to rabies.

#### **REFERENCES**

1. William Hay et al., *Current Pediatric Diagnosis & Treatment*, 16<sup>th</sup> ed., McGraw-Hill, 2003.(Current).
2. American Academy of Pediatrics, *Red Book 2006: Report of the Committee on Infectious Diseases*, 27<sup>th</sup> ed., 1006, pp. 192-195. (Current).