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| **additional guidance document for community staff and wound care clinic staff for management of tetanus prone wounds** | |
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| **Professional(s) to which this guidance applies**  All DCHS staff working within the patients home and wound care clinic setting | |
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| **CLINICAL CONDITION** | |
| **Indication** | Prophylactic management of tetanus-prone injuries. To be used in conjunction with tetanus immunoglobulin PGD and Tetanus PGD  ***If you feel a vaccine is needed please contact the patients GP immediately who will decide if this is needed in line with current policy and then make a plan for administration of the vaccine*** |
| Tetanus prone wounds have been found to be increasing; therefore, an Individual risk assessment is required for patient’s wounds to screen for tetanus prone wounds.  This list is not exhaustive, for example a puncture wound from discarded needle found in a park may be a tetanus-prone injury but a needle stick injury in a medical environment is not, it is important to consider how the wound occurred.  **TETANUS PRONE WOUNDS**   * Patients aged 10 years or over with a tetanus-prone injury, eg: * Puncture-type injuries acquired in a contaminated environment and likely therefore to contain tetanus spores\* * for example; gardening injuries * Wounds containing foreign bodies such as wound splinters\* * Wounds or burns with systemic sepsis * Certain animal bites and scratches (those that the animal has been rooting in soil or lives in the agricultural setting)   **High-risk tetanus-prone wounds include: Any of the above with either:**   * Heavy contamination with material likely to contain tetanus spores, for example soil, manure * Wounds or burns that show extensive devitalised tissue * Wounds or burns that require surgical intervention that is delayed for more than 6 hours are high risk even if the contamination was not initially heavy.   **NEXT STEPS** **- Vaccination status** must be sought from the patient. If unable to determine, consider the patient as un-vaccinated.  Please use the following chart to determine whether the patient needs to be referred to the GP surgery for a tetanus vaccine and clearly document the decision and rationale in the system one records | |

**Who should receive a vaccine?**

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| **Immunisation Status** | **Immediate treatment** | | |
| **Clean wound**1 | **Tetanus Prone** | **High risk tetanus prone** |
| Those aged 11 years and over, who have received an adequate priming  course of tetanus vaccine2 (i.e. defined as 3 doses of tetanus vaccine) **with the last dose within 10 years.** | None required | None required | None required |
| Received adequate priming course of tetanus vaccine2 (i.e. defined as 3 doses of tetanus vaccine**) but last dose more than 10 years ago.**  *Includes* ***UK born after 1961*** *with history of accepting vaccinations* | None required | Immediate  reinforcing dose  of vaccine | Immediate  reinforcing dose of vaccine.  Plus **referral to acute trust** human tetanus  immunoglobulin2 in a different site+/- IV antibiotics , by GP referral  ***3Consider the need*** *for*  ***IV*** antibiotic prophylaxis – IF needed refer to acute Trust |
| Not received adequate  priming course of tetanus  vaccine2 (i.e. defined as 3 doses of tetanus vaccine)  *Includes uncertain*  *immunisation status and/*  *or* ***born before 1961*** | Immediate  reinforcing dose  of vaccine | Immediate  reinforcing dose of vaccine.  Plushuman tetanus  immunoglobulin2 in a different site | Immediate  reinforcing dose of vaccine.  Plushuman tetanus  immunoglobulin2 in a different site  ***3Consider the need*** *for*  ***IV*** antibiotic prophylaxis – IF needed refer to acute Trust |

1Clean wound is defined as wounds less than 6 hours old, non-penetrating with negligible tissue damage

2. At least 3 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.at appropriate intervals

3 PHE *Consider* treating tetanus-prone wounds with antibiotics (metronidazole, benzylpeniciilin or co-amoxiclav) depending on clinical severity *with a view to preventing tetanus*. Note doses in references are for very high dose IV antibiotics which would require admission to acute hospital e.g. benzylpenicillin 12MU i.e. 6 x 1.2g vials.