

GRI Emergency Department & Canniesburn Plastic Surgery Unit Bite Flow Chart

This poster is to be used as guidance for any patient presenting to the ED/MIU following a bite



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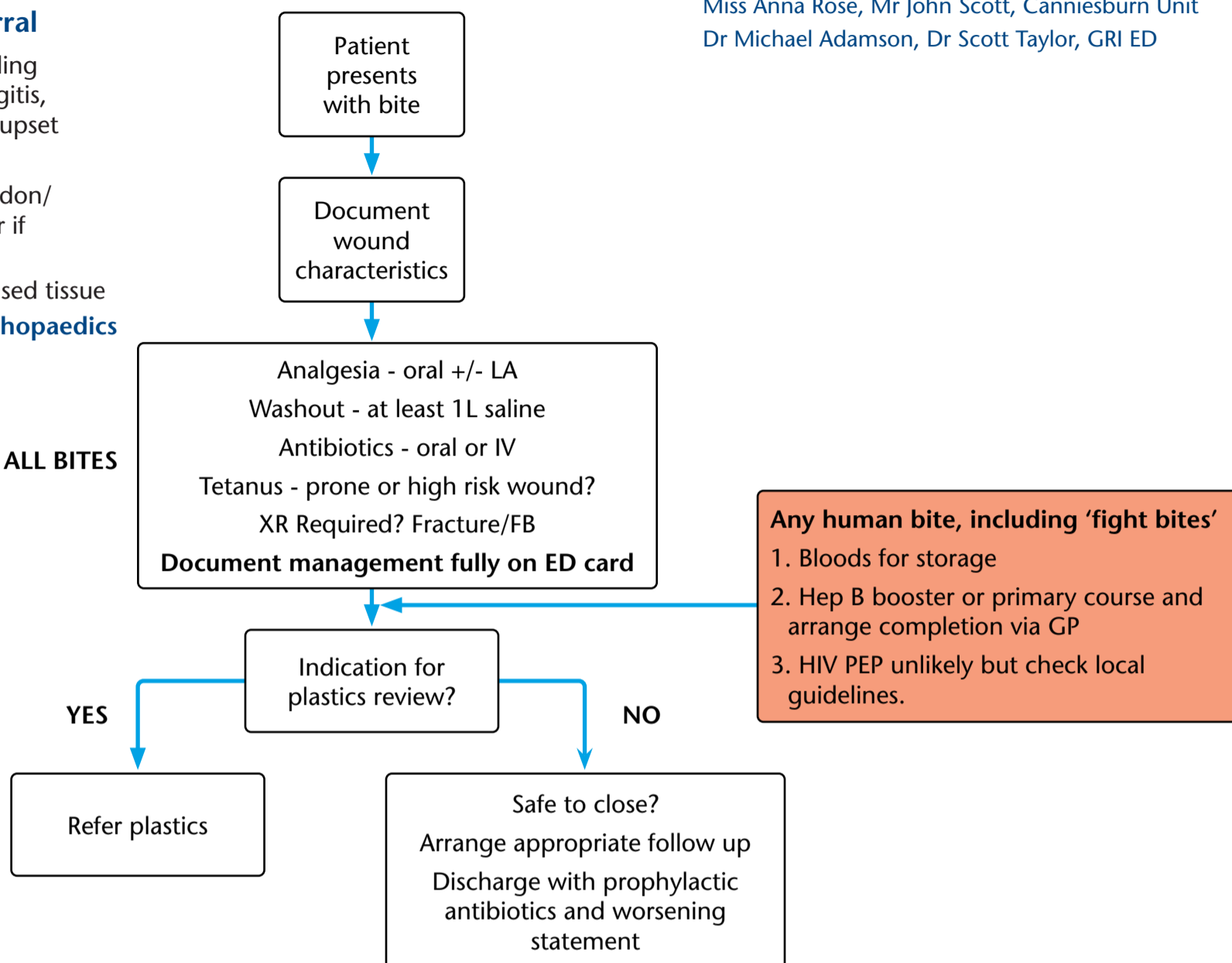
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Indications for Plastics Referral

- Evidence of infection - spreading cellulitis or tracking lymphangitis, purulent discharge, systemic upset
 - Fight bites
 - Deep tissue involvement (tendon/nerve injury), involves joint or if fracture present
 - Significant amount of devitalised tissue
- Refer lower limb injuries to Orthopaedics

FOR ALL BITES



A quick word on tetanus

- Clean wound
 - >> <6hrs old, non-penetrating, negligible tissue damage
- Tetanus prone
 - >> Puncture-type, contaminated
 - >> Wounds with foreign bodies
 - >> Compound fractures
 - >> Wounds or burns with systemic upset
 - >> Certain animal bites - only if rooting in soil/live in agricultural setting
- High risk tetanus
 - >> Heavily contaminated with material likely to contain tetanus spores e.g. soil/manure
 - >> Extensive devitalised tissue
 - >> Wounds/burns that require surgical intervention that is delayed by >6hrs, even if not heavily contaminated

Immunisation Status	Immediate treatment			Later treatment		
	Clean wound ¹	Tetanus Prone	High risk tetanus prone			
Those aged 11 years and over, who have received adequate priming course of tetanus vaccine ¹ with the last dose within 10 years	None required	None required	None required	Further doses as required to complete the recommended schedule (to ensure future immunity)		
Children aged 5-10 years who have received priming course and pre-school booster						
Children under 5 years who have received and adequate priming course						
Received adequate priming dose of tetanus vaccine ³ but last dose more than 10 years	None required	Immediate reinforcing dose of vaccine	Immediate reinforcing dose of vaccine		One dose of human tetanus immunoglobulin ² in a different site	
Children aged 5-10 years who have received an adequate priming course but no pre-school booster (Includes UK born after 1961 with history of accepting vaccinations)						
Not received adequate priming course of tetanus vaccine ³ (Includes uncertain immunisation status and/or born before 1961)	Immediate reinforcing dose of vaccine	Immediate reinforcing dose of vaccine	One dose of human tetanus immunoglobulin ² in a different site		Immediate reinforcing dose of vaccine	One dose of human tetanus immunoglobulin ² in a different site

¹ Clean wounds are defined as wounds less than six hours old, non-penetrating with negligible tissue damage.
² If TIG is not available, HNIG may be used as an alternative.
³ At 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 who are severely immunosuppressed may not be adequately protected against tetanus, despite having been fully immunised and additional booster doses or treatment may be required.



Post Exposure Management for Tetanus Prone Wounds Public Health England
<https://www.gov.uk/government/publications/tetanus-prone-wounds-posters>
 Correct as of February 2022