**Inclusion Criteria:** 2-2 months of age, animal bite SSTI (from cat, dog or human)

**Exclusion Criteria:** <2 mo old, animal bite NOT from cat, dog or human, non-animal bite SSTI (see Skin and Soft Tissue Infection Pathway) - consider ID consult if exclusions present

**Initial Management:**
- Apply direct pressure to any wounds that are actively bleeding
- Clean non-puncture wound with saline via high pressure syringe irrigation

**Considerations:**
- Consider Tetanus prophylaxis (see Appendix A – Tetanus Prophylaxis)
- For dog and cat bites: consider Rabies prophylaxis (see Appendix B – Rabies Prophylaxis)
- For cat bites: start antibiotic treatment regardless of severity (bites are deeper and may seem superficially well)
- For human bites: If unvaccinated for Hepatitis B, consider Hepatitis B IgG and vaccination (see Appendix C – Hepatitis B Prophylaxis)
- For human bites: assess risk for HIV infection and see HIV Post Exposure Prophylaxis Pathway

**Is this a significant wound (e.g. multiple bites, edema, or significant crush injury)? OR does the wound look infected, OR does it involve one of the following areas (face, scalp, hand, foot, genitalia), OR has it penetrated the periosteum or joint capsule, OR is the patient immunocompromised (including asplenia), OR is this a cat bite?**

**No**
- No antibiotics needed; Ensure follow-up in 24-48 hours to reassess and evaluate for signs/symptoms of infection

**Yes**
- Consult pediatric surgery/trauma service
- If wound looks infected: obtain anaerobic and aerobic wound cultures
- If overt signs/symptoms of infection: also obtain aerobic and anaerobic blood cultures

**IV antibiotic options:**
- Ampicillin-Sulbactam IV 200-300 mg/kg/day of Ampicillin component divided q6hr (max 3000 mg/dose)
  - OR if Penicillin allergic (and tolerates cephalosporins):
    - Ceftriaxone 50 mg/kg daily (max 3 gram/dose)
    - AND Clindamycin IV 30-40 mg/kg/day in 3 divided doses (max 600 mg/dose)
  - OR if allergic to BOTH Penicillin and Cephalosporins:
    - Clindamycin IV 30-40 mg/kg/day in 3 divided doses (max 600 mg/dose)
    - AND TMP-SMX IV 8-10 mg/kg/day in 2 divided doses (max 160 mg TMP/dose)

**Contaminated wound WITHOUT associated injuries requiring surgical treatment:**
- If wound looks infected: obtain anaerobic and aerobic wound cultures

**Are there overt signs/symptoms of systemic infection? [e.g. failed outpatient therapy, wound rapidly progressing (i.e. within hours)]**

**Yes**
- Obtain Peds ID consult
- Obtain anaerobic and aerobic blood cultures
- Begin IV antibiotics

**Oral antibiotic options:**
- Amoxicillin/Clavulanate:
  - <30 kg or unable to take tablets: Augmentin 250 mg/5 mL 40 mg/kg/day div TID (max 500 mg/dose); or 600 mg/5 mL (ES): 90 mg/kg/day div TID (max 1000 mg/dose)
  - ≥30 kg and able to take tablets: Augmentin 875 mg BID
  - OR if Penicillin Allergic:
    - Clindamycin PO 30-40 mg/kg/day in 3 divided doses (max 600 mg/dose)
    - AND TMP-SMX PO 8-10 mg/kg/day in 2 divided doses (max 160 mg TMP/dose)

**No**
- Treat with PO antibiotics for 3-5 days

**Discharge Criteria:** Clinically improved, afebrile for 24 hours (if presented with fever), tolerating PO medications, adequate follow-up in place

**Discharge Instructions:** Complete antibiotic course as above; follow surgeon’s discharge instructions as applicable; if started on rabies vaccination: follow up with Infectious Disease outpatient for subsequent vaccines by placing a referral to Infectious Disease via Epic; ensure plan in place for suture removal; ensure adequate follow-up in 24-48 hours to assess for signs/symptoms of infection

**NEXT PAGE**
**TETANUS PROPHYLAXIS**

**Guide to Tetanus Prophylaxis in Routine Wound Management**

<table>
<thead>
<tr>
<th>History of Absorbed Tetanus Toxoid (Doses)</th>
<th>Animal Bite Wounds (all of which are contaminated with saliva)</th>
<th>DTaP, Tdap or Td¹</th>
<th>TIG²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 3 or unknown</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3 or more</td>
<td>No³ if &lt;5 years since last tetanus-containing vaccine dose</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes if ≥5 years since last tetanus-containing vaccine dose</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Tdap indicates booster tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine; DTaP, diphtheria and tetanus toxoids and acellular pertussis vaccine; Td, adult-type diphtheria and tetanus toxoids vaccine; TID, Tetanus Immune Globulin (human).

¹ DTaP is used for children younger than 7 years. Tdap is preferred over Td for underimmunized children 7 years and older who have not received Tdap previously.

² Immune Globulin Intravenous should be used when TIG is not available.

³ More frequent boosters are not needed and can accentuate adverse effects.


**TETANUS IMMUNE GLOBULIN (TIG)²**

- When TIG is required for wound prophylaxis, it is administered intramuscularly in a dose of 250 U (regardless of age or weight).
- If tetanus toxoid vaccine and TIG are administered concurrently, separate syringes and sites should be used.
**RABBIES POST-EXPOSURE PROPHYLAXIS**

<table>
<thead>
<tr>
<th>Animal Type</th>
<th>Evaluation and Disposition of Animal</th>
<th>Postexposure Prophylaxis Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dogs, cats, and ferrets</td>
<td>Healthy and available for 10 days of observation</td>
<td>Prophylaxis only if animal develops signs of rabies&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>Rabid or suspected of being rabid&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Immediate immunization and RIG&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>Unknown (escaped)</td>
<td>Consult public health officials for advice</td>
</tr>
<tr>
<td>Bats, skunks, raccoons, coyotes, foxes, mongooses, and most other carnivores; woodchucks</td>
<td>Regarded a rabid unless geographic area is known to be free of rabies or until animal proven negative by laboratory tests&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Immediate immunization and RIG&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Livestock, rodents, and lagomorphs (rabbits, hares, and pikas)</td>
<td>Consider individually</td>
<td>Consult public health officials; bites of squirrels, hamsters, guinea pigs, gerbils, chipmunks, rats, mice and other rodents, rabbits, hares, and pikas almost never require rabies postexposure prophylaxis</td>
</tr>
</tbody>
</table>

RIG indicates Rabies Immune Globulin.

<sup>1</sup>During the 10-day observation period, at the first sign of rabies in the biting dog, cat, or ferret, prophylaxis of the exposed person with RIG (human) and vaccine should be initiated. The animal should be euthanized immediately and tested.

<sup>2</sup>The animal should be euthanized and tested as soon as possible. Holding for observation is not recommended. Immunization is discontinued if immunofluorescent test result for the animal is negative.


**RABIES VACCINE ADMINISTRATION**
- Two vaccines are available on the market: Rabavert (preferred) and Imovax (reserved for those with severe egg allergy).
- Administration site: typically deltoid, or for young patient may use outer aspect of thigh.
  - Do NOT administer in the gluteal muscle.
- Dose: 1 ml/dose
- Administration Schedule:
  - Immunocompetent patients: give on days 0, 3, 7, and 14.
  - Immunocompromised patients: give on days 0, 3, 7, 14 and 28.
  - Patients who have had rabies vaccine in the past: give on days 0 and 3.

**RABIES IMMUNOGLOBULIN ADMINISTRATION**
- Dose: 20 IU/kg given in a single dose
- Administration:
  - Give as soon as possible after exposure.
  - If possible, give the full dose around/into the wound(s).
  - Any remaining volume (or if unable to give the dose around the wound) should be administered IM at a site distant from the vaccine administration site.
HEPATITIS B PROPHYLAXIS

Hepatitis B: Post-exposure Immunoprophylaxis

*Immunoprophylaxis should be administered as soon as possible (preferably within 24 hours) or within 7 days of percutaneous exposure.*

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Hepatitis B Prophylaxis Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated Person</td>
<td>Previously Vaccinated Person</td>
</tr>
<tr>
<td>HBsAg-positive source</td>
<td>Hep B vaccine series¹ and HBIG</td>
</tr>
<tr>
<td>HBsAg status unknown for source</td>
<td>Hep B vaccine series¹</td>
</tr>
</tbody>
</table>

Abbreviations: Hep B = hepatitis B; HBsAg = hepatitis B surface antigen; HBIG = hepatitis B immune globulin.

¹Hepatitis B lifetime vaccination maximum is 6 doses.