

# Erlanger Health System Policy and Procedure

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Approval: _____		
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**Index Title:** Tetanus Prophylaxis and Immunization in the ED  
**Originating Department:** CHED  
**Number:** 6231.051  
**Description for EHS Intranet:** Tetanus, Immunization

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**Policy Statement:**

To update and standardize tetanus prophylaxis and immunization in the Emergency Department.

**Scope:** CHED personnel, CHED physicians and Housestaff

**Procedure:**

The American Academy of Pediatrics (AAP) 2010 Immunization Schedule recommends DTaP be given at 2 months, 4 months, and 6 months of age with a booster of DTaP at 15 -18 months of age and again at 4-6 years. The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose. Administer the final dose in the series at age 4 through 6 years. All school-aged children who have their school shots may be assumed to have these basic immunizations. The AAP also recommends a Tdap booster at 11-18 years. In addition, the Center for Disease Control (CDC) advocates a Td every 10 years thereafter.

The need for tetanus prophylaxis is determined by the client’s immunization history and the condition of the wound. Wounds are categorized as “Clean Minor” or “Tetanus-Prone”.

<b>WOUND CHARACTERISTICS</b>	<b>CLEAN MINOR</b>	<b>TETANUS-PRONE</b>
Age of wound	Less than 6 hours	Greater than 6 hours
Configuration	Linear, abrasion	Stellate, avulsion
Mechanism of injury	Sharp surface	Missile, crush, thermal
Signs of infection	Absent	Present
Devitalized tissue	Absent	Present
Contaminants (dirt, feces, soil, saliva)	Absent	Present
Depth of wound	Skin only	Into muscle

## **Tetanus Prophylaxis and Immunization in the ED**

**6231.051**

**Page 2 of 4**

### General Principles

1. The Attending Physician must determine the required tetanus prophylaxis.
2. Meticulous surgical care, including removal of all devitalized tissue and foreign bodies, is to be provided immediately to all wounds, regardless of the immunization status. Such care is essential.
3. Tetanus immune globulin (TIG) should be used in the case of a dirty wound if the immunization status is incomplete or unknown.
4. If both are indicated, the tetanus toxoid and TIG should be given at the same time using different syringes and sites.
5. The parent should receive a written record of the immunizations with instructions to maintain this record and, if needed, to complete active immunization.

### Specific Recommendations

1. Adequately immunized individuals
  - a. Clean Minor Wounds: Tetanus prophylaxis indicated if last immunization was greater than 10 years ago.
  - b. Tetanus-Prone Wounds: Tetanus prophylaxis indicated if last immunization was greater than 5 years ago.
2. Inadequately immunized individuals (less than three injections of toxoid). (TIG) and toxoid are indicated in both tetanus-prone and clean minor wounds regardless of time interval from last immunization. For Tetanus-Prone Wounds, give Tetanus prophylaxis plus TIG 250 units as indicated.

### Pediatric Conditions

Children should receive the next appropriate vaccine if they need tetanus prophylaxis. Tetanus toxoid is usually combined with diphtheria toxoid and pertussis vaccine for pediatric use. If the child is not adequately immunized, the DTaP vaccine should be given. For children 7-10 years of age, give tetanus-diphtheria (Td) toxoid. Children over 10 years of age, give Tdap, Adacel or Boostrix.

Immunizations should only be administered with informed consent. Discharge instructions should be given to parents/caregivers of children receiving Tdap, DT, Td, or tetanus toxoid.

## **Tetanus Prophylaxis and Immunization in the ED**

**6231.051**

**Page 3 of 4**

### **Current Contraindications/Precautions to Tdap Vaccine:**

1. Previous anaphylaxis to this vaccine or to any of its components.
  - For DTaP/Tdap only: encephalopathy within 7d after DTP/DTaP.

#### **Precautions**

1. Moderate or severe acute illness.
2. History of Arthus reaction following a prior dose of tetanus- and/or diphtheria-toxoid-containing vaccine, including MCV4.
3. Guillain-Barré syndrome (GBS) within 6wks after previous dose of tetanus-toxoid-containing vaccine.
4. For DTaP only: Any of these events following a previous dose of DTP/DTaP:
  - 1) temperature of 105°F (40.5°C) or higher within 48hrs; 2) continuous crying for 3hrs or more within 48hrs; 3) collapse or shock-like state within 48hrs; 4) convulsion with or without fever within 3d.
5. For DTaP/Tdap only: Unstable neurologic disorder.
6. For Td in teens: Progressive neurologic disorder.

### **Nursing Instructions for Any Patient Receiving a Vaccine:**

1. Prior to administration, patients, parents, and/or caregivers should read the appropriate CDC consent form.
2. A weight appropriate dose of acetaminophen should be administered to the child receiving an immunization.
3. Discharge instructions should be provided.

# Tetanus Prophylaxis and Immunization in the ED

6231.051

Page 4 of 4

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Medical Director	Approval/Date
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## References:

American Academy of Pediatrics:

<http://www.healthychildren.org/English/safety-prevention/immunizations/pages/Tetanus-Diphtheria-Td-Tetanus-Diphtheria-Pertussis-Tdap-Vaccine-What-You-Need-to-Know.aspx?nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token>

Center for Disease Control (CDC)

<http://www.immunize.org/catg.d/p2010.pdf>