1. Purpose of this document

1.1 This clinical protocol provides a clear framework for nurses employed by Torbay Care Trust when providing care to patients presenting at MIU with human or animal bites.

1.2 The minor injury Nurse/Community Nurses may assess, treat and discharge patients presenting/visiting with human or animal bites that are not excluded from this protocol.

2. Exclusions

The MIU nurse should refer patients falling into the exclusion category to A+E for further investigations and treatment.

2.1. Patients with deep facial bites or other bites that might require primary closure for cosmetic reasons.

2.2. Wounds, which have sustained extensive or deep soft tissue damage.

2.3. Where there is a suspected injury to tendons, ligaments or bone.

2.4. If there is a possibility that the patient may have been in contact with rabies.

2.5 For human bites – if there is a risk of HIV, hepatitis B, Hepatitis C and/or syphilis infection from the bite, or the assailant is not known to the victim then they should be transferred to A & E for appropriate action and blood stored etc.
3. Assessment

3.1 Inform the patient of the role of the MIU/Community nurse and obtain informed consent ensuring you consider mental capacity and the patient’s ability to consent.

3.2 Pre-treatment assessment in accordance with Torbay Care Trust MIU history taking and clinical documentation protocol.

3.3 All human and animal bites need tetanus immunology status assessment and treat and managed in accordance with guidance as specified in the “Immunisation against infectious disease – The green book” DH (2006). Please ensure for up to date information the green book is accessed on line at:


3.4 Specific history includes:

- What caused the bite (if known)
- Type and size of animal
- How did it happen
- When injury occurred
- Force involved/crush injury
- Was there protective clothing covering bite site
- Did the bite occur while abroad
- If a human bite was it an adult or child
- Self care measure taken

3.5 Examination is important to note what structures are involved and the potential for serious underlying conditions.

3.6 Be careful to examine apparently minor bites as wounds may cover a more serious injury e.g. fractures, lacerated tendons, blood vessels, nerves or damage to joint space or body cavities.

3.7 Examine careful for embedded foreign bodies including teeth.

4. Management

Bites causing puncture wounds (underlying structure involvement e.g. tendon/bone) suspected.

- Irrigate wound thoroughly with normal saline
- Cover with non adherent dressing
- Transfer to A+E
Dog bites presenting within 24 hours of bite:

- Clean thoroughly with copious amounts of normal saline to ensure the wound is well irrigated
- Cover the wound with a non-adherent dry dressing and advise patient to keep wound dry for 48 hours
- Where closure is required steri-strips or equivalent skin closure strips if necessary should be used where possible.
- Primary suturing is not usually recommended for bites, but exceptions may be made for cosmetic reasons to face and hands and these are within the exclusions of this clinical guideline
- Check tetanus status as described in the assessment area of this guideline
- Under the TCT Patient Group Direction supply a course of Co-amoxiclav. For penicillin sensitive patients doxycycline and metronidazole as per Patient Group Direction. In community nursing contact the patient’s general practitioner for prescription.
- Review bite in 24-48 hours in GP practice if not improving contact d/w consultant microbiologist
- Elevate effected site where applicable
- Advise patient/carer that wound requires review more quickly if the wound becomes red, swollen or more painful.

4.3 Dog bites which present after 24 hours:

- Infection may not be apparent initially and the patient may present some time after the injury. Bites which initially appeared minor to the patient may now be showing clinical signs of infection.
- Red and angry bite wounds should be irrigated with normal saline and covered with a non-adherent dressing.
- Under the TCT Patient Group Direction supply a course of Co-amoxiclav. For penicillin sensitive patients doxycycline and metronidazole as per Patient Group Direction. In community nursing contact the patient’s general practitioner for prescription.

4.4 Dog bites which present after 48 hours:

- Bites which present 48 hours or more after the dog bite appearing red and angry are usually infected with staphylococcus and should be treated with co-amoxiclav therapy as per the Patient Group Direction. If allergic to penicillin treat with doxycycline and metronidazole as per Patient Group
Direction. In community nursing contact the patient’s general practitioner for prescription.

4.5 Cat Bites:
The puncture wound nature of a cat bite causes them to be prone to infection (50-70%) mainly due to the inability to clean out the deep seated wounds effectively:

- Cat bites should be irrigated under pressure with normal saline using a 16-18 g needle and a 30 ml syringe. This should be repeated several times to remove as many potential pathogens as possible.
- The wound should be covered with a non-adherent dressing and the patient advised to keep it dry for 48 hours.
- All patients with cat bites should be supplied with co-amoxiclav therapy as per the Patient Group Direction. If allergic to penicillin treat with doxycycline and metronidazole as per Patient Group Direction. In community nursing contact the patient’s general practitioner for prescription.
- The Patient should be advised to seek further advice if the wound becomes red swollen and/or increases in pain.

4.6 Other domesticated animals- Rodents, horses and donkeys Birds and ducks Farm animals:

- Superficial- skin intact Clean wound with normal saline
- Through skin to deep fascia :
  1. clean wound by irrigating thoroughly
  2. Cover with a dry dressing and advise patient to keep dry for 48 hours
  3. Under the patient group direction, give co-amoxiclav therapy as per the patient group direction. Where patient allergic to penicillin commence doxycycline and metronidazole as per TCT patient group directions. In community nursing contact the patient’s general practitioner for prescription.
  4. Refer patients that are high risk to A+E e.g. deep penetrating wounds
- Advise patient to seek further medical advice if area becomes red and inflamed.

4.7 Other Animals- Sharks, tigers, pigs, seals tropical animals, lizards, Iguanas, fish:

- Irrigate and clean wound as described above.
• Contact microbiologist for appropriate antibiotic advice. If no medical practitioner available the patient may be required to attend A+E if antibiotic not within Patient Group Directions.

4.8 *Weaver fish*:

• Inactivate the toxin by immersing the affected part in hot water, test the water to ensure it is not too hot to be tolerated by the patient and will not cause scalding. (The hotter the water the more effective at inactivating the toxins and relieving the pain)
• Further pain relief can be achieved by using paracetamol.

4.9 *Human bites*:

• Assess the patients risk of HIV, Hepatitis B, Hepatitis C and/or syphilis infection from the bite. If there is a risk or the assailant is not known to the victim then they should be transferred to A+E for appropriate action and blood stored etc.
• Take appropriate infection control precautions following the infection control policy and procedures
• Bites from children only rarely become infected as they usually very shallow.
• 15-30% of bites from adults become infected.
• Closed fist type injuries (from a bite sustained whilst punching someone in the face) usually have a higher rate of infection.
• Human bites should be cleaned carefully and thoroughly irrigated with sterile water or normal saline
• For superficial bites cover with a non adherent dressing, and advise patient to keep it dry for 24 hours.
• Patients should be treated with co-amoxiclav as per Patient Group Direction. Where patient allergic to penicillin commence doxycycline and metronidazole as per TCT patient group directions. In community nursing contact the patients general practitioner for prescription
• Check patients tetanus status
• Advise patient or carer to seek further medical advice if the wound becomes red inflamed painful or they are concerned.

Always refer to A+E human bites that:

• Require primary closure
• May have tendon in involvement
5. **Documentation**

5.1 In accordance with TCT History taking and clinical documentation protocol and NMC guidelines of records and record management (2008)

5.2 A copy of the clinical treatment should be sent to the General practitioner to ensure the patient’s central medical record is up to date and accurate

5.3 For patients transferred to A+E, ensure a copy of the clinical treatment record is sent with the patient. A copy must also be sent to the General Practitioner in the normal way.

5.4 For patients advised to attend their GP practice within 24 hours ensure the patient is given a copy of the clinical treatment record to take with them. A copy must also be sent to the General Practitioner in the normal way.

6. **Discharge Plan**

6.1 All patients treated for human and/or animal bites should leave the department with the following information:

- Written/Verbal instructions on wound/dressing care and arrangements for follow up.
- Written instructions on abnormal signs/symptoms and how and where to seek a medical opinion.

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4 **References:**

British national formulary Number 57 March 2009
South Devon Joint Formulary V2 September 2006
Devon primary Care Trust – Protocol for Management of Animal and Human Bites (Nov 2008)
Adult empirical antimicrobial guidelines (peripheral hospital)(draft June 2009)

**Amendment History**

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CLINICAL GUIDELINE FOR THE MANAGEMENT OF HUMAN AND ANIMAL BITES (OVER ONE YEAR OF AGE).
Please Note co – amoxiclav PGD for 1 year and over. Doxycycline and Metronidazole PGDS for 12 years and over only

The registered health professionals named below, being employees of Torbay Care Trust and based at ……………………………. Have received training and are competent to operate under this clinical guideline

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