**Animal Bite Protocol**

Assess need for and implement resuscitative efforts as indicated

### Bite history and physical examination:
- Time since bite
- Animal details (species, behavior)
- Associated symptoms
- Vocation, avocation, and handedness
- Past medical history
- Physical examination (length, depth, contamination, and neurovascular status)

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## Wound Care, Closures and Antibiotics

Evaluate need for consultant involvement: (neurovascular, joint, sensitive structure, or deep tissue compromise)

- Consider radiography
  - Exploration, Irrigation and debridement
    - Antibiotic determination
      - High Risk Factors (Figure 1)
        - NO: No antibiotics
        - YES: Antibiotics (Figure 2)
    - Closure determination
      - Risk of infection outweighs cosmetic/functional benefits (Figure 1)
        - YES: Healing by secondary intention or delayed primary closure
        - NO: Primary closure

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### Figure 1: Infection risk factors

- **High Risk Wounds**
  - Hand, joint, genital bites
  - Non-dog bites
  - >6 hours since injury
  - Crush with extensive devitalized tissue
  - Deep puncture injury

- **High Risk Patients**
  - Immunocompromised
  - Diabetic
  - Peripheral vascular disease
  - Asplenia
  - Cirrhosis
  - Alcohol or drug abuse
  - Malnutrition
  - Poor social situation

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### Figure 2: Empiric antibiotics

- **First line oral:**
  - Amoxicillin-clavulanate

- **Second line oral:**
  - Doxycycline OR TMP-SMX + Metronidazole OR Clindamycin

- **IV:**
  - Amoxicillin-sulbactam, OR
  - Piperacillin-tazobactam, OR
  - Ceftriaxone + Metronidazole
**Rabies**

**Wild animal**

**LOW RISK:** Squirrel, chipmunk, lagomorph, rodents
- Prophylaxis likely not indicated
- Contact Health Department per Department procedure

**HIGH RISK:** Bat, Raccoon, Skunk, Fox, or Unusual Behavior
- Initiate prophylaxis (Figure 4)
- Discontinue if animal available for testing and is proven negative

**Domestic animal**

**HIGH RISK:** Dog, cat, ferret

**LOW RISK:** Livestock, pet rodent, lagomorph

**Available for observation?**
- YES
  - 10 day observation
  - If animal symptomatic, initiate prophylaxis (Figure 4)
  - Submit animal for testing
  - Discontinue if negative

- NO
  - Initiate prophylaxis (Figure 4)

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**Figure 3: Tetanus prophylaxis regimen**

- Completed childhood series:
  - Clean wound, no residual contamination, update if >10 years since booster
  - Extensive contamination, complicated wound, update if >5 years since booster

- Incomplete childhood series or unknown vaccination status:
  - Update tetanus booster and administer tetanus immune globulin

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**Figure 4: Rabies post-exposure prophylaxis regimen**

**Not previously vaccinated:**
- Rabies immune globulin: 20 units/kg (infiltrate as close to wound as possible).
- Rabies vaccine: 1ml IM as far from site of RIG site as possible. Patient should also receive 3 additional doses on days 3, 7, and 14 (fifth on day 28 if immunocompromised).

**Previously vaccinated:**
- Rabies vaccine only. Patient should receive additional dose on day 3

Refer to most updated Epic Job Aid for Rabies Infusion Therapy ordering and follow-up instructions