Section: Approval:	Division of Nursing		9	********** * PROTOCOL * **********************************		Index: Page: Issue Date: Review Date:	7010.018b 1 of 2 June 18, 1990 August 2007
			HACKETTST	OWN REGIONAL MEDI	ICAL CENTER		
Originator: Reviewed by		Piegaro, F Puma, RN		ED (Scope)			
TITLE:	ALTER	ATION IN	SKIN INTEGRITY F	ROM ANIMAL BITES			
PURPOSE:		То с	outline care and trea	tment of ED patients wi	th animal bites an	d to outline rab	ies considerations.
LEVEL:		X	_Interdependent _	Independent	Depende	nt	
SUPPORTIV	/E DATA:	infection coyotes, available	Dogs and cats sho raccoons, bobcats a , the animal should	ons from animal bites all buld be considered indivand other carnivores) are be killed and tested by the nent of Health number for the state of the s	vidually. Wild anir re regarded as rat the state lab ASA	mals (skunks, b oid unless prov P.	oats, foxes, en negative. If
CONTENT:			STEPS			KEY POINTS	
exhibiting unprovok Has it had police bed occur? W			exhibiting unusual tunprovoked? Is the Has it had its rabies police been notified occur? Was any other transfer of the transfe	bite: Was the animal pehavior? Was the atta e animal now in captivity immunizations? Have? Where did the inciderner person involved?	/? the		
			providers?				
Assessment		3.	Assess wound for integumentary status, color, temperature, sensation and hygiene.				
		4.	Musculoskeletal status: Muscle strength or weakness, ROM or mobility, size and shape of skin disruption.				
Asepsis		5.	Patient will be soaked in betadine scrub/water and normal saline in appropriate size basin. If area does not lend itself to soaking, scrub with betadine sponge and brush for at least 15 minutes.				
Control of Bl	eeding	6.	Pressure will be apply dressings.	olied with sterile bulky			
Wound Closure		7.	Puncture wounds caused by animals should not be closed. They will be cleansed, debrided and loosely approximated with steristrips or loose sutures if necessary.				
		8.	Lacerations may be cleansing. Assist v	sutured after meticulou vith all procedures.	ıs		

 Index:
 7010.018b

 Page:
 2 of 2

 Review Date:
 August 2007

<u>STEPS</u> <u>KEY POINTS</u>

 ED physician will use disposable suture set, sterile gloves and local anesthesia with a 25 gauge needle for infiltration. Suture sets are not reusable.

Dressings 10. Apply ointment and dry, sterile dressing telfa;

adaptic or xeroform will be used when

appropriate.

Medications 11. Obtain tetanus history and administer as

ordered. Obtain antibiotic history and administer

as ordered.

Incubation 12. Incubation of rabies in humans is usually 1-2

months but may be as long as 1 year. Rabies should be considered in patients who exhibit unusual behavior, who have a diagnosis of encephalitis and who have difficulty swallowing.

DOCUMENTATION: 1. Chart to protocol.

2. Chart to any changes to protocol.

3. Patient reaction to treatment.

4. Patient instructions and disposition.

Reference: Lippincott Manual of Nursing Practice, 8th Edition. 2006.