

Management of tetanus – prone wounds

The **definition of tetanus-prone injury** is not straight forward, as tetanus may occur after apparently trivial injury, such as from a rose thorn, or with no history of injury. However, there are certain types of wounds likely to favour the growth of tetanus organisms. These include:

- compound fractures,
- bite wounds,
- deep penetrating wounds,
- wounds containing foreign bodies (especially wood splinters),
- wounds complicated by pyogenic infections,
- wounds with extensive tissue damage (eg. contusions or burns) and
- any superficial wound obviously contaminated with soil, dust or horse manure (especially if topical disinfection is delayed more than 4 hours).
- reimplantation of an avulsed tooth is also a tetanus-prone event, as minimal washing and cleansing of the tooth is conducted to increase the likelihood of successful reimplantation.

Guide to tetanus prophylaxis in wound management

History of tetanus vaccination	Time since last dose	Type of wound	DTPa, DTPa-combinations, dT,dTpa, as appropriate	Tetanus Immunoglobulin* (TIG)
≥ 3 doses	<5 years	All wounds	NO	NO
≥ 3 doses	5-10 years	Clean minor wounds	NO	NO
≥ 3 doses	5-10years	All other wounds	YES	NO
≥ 3 doses	>10 years	All wounds	YES	NO
< 3 doses or uncertain [†]		Clean minor wounds	YES	NO
< 3 doses or uncertain [†]		All other wounds	YES	YES

* The recommended dose for TIG is 250 IU, given by IM injection using a 21 gauge needle, as soon as practicable after the injury. If more than 24 hours has elapsed, 500 IU should be given.

[†] Individuals who have no documented history of a primary vaccination course (3 doses) with a tetanus toxoid-containing vaccine should receive all missing doses.