Tetanus Prophylaxis in Wound Management

1. Assess patient's immunization history

- Determine number of tetanus-containing vaccine previously given
- Determine when the last dose of tetanus-containing vaccine was given
- Ask about any previous adverse reactions following tetanus-containing vaccine

2. Assess wound and perform thorough wound cleaning

3. Offer prophylaxis if needed:

History of Tetanus immunization	For Clean Minor Wounds		For All Other Wounds ⁴	
	Tetanus- containing vaccine ¹	Tetanus Immuno- globulin (TIg)	Tetanus- containing vaccine ¹	Tlg²
Unknown or less than 3 doses in a vaccine series ¹	Yes	No	Yes	Yes
3 or more doses in a vaccine series and less than 5 years since last booster dose	No	No	No	No ³
3 or more doses in a vaccine series and more than 5 years but less than 10 years since last dose	No	No	Yes	No³
3 or more doses in a vaccine series and more than 10 years since last booster dose	Yes	No	Yes	No³

References: Canadian Immunization Guide Part 4 Tetanus, and American Academy of Pediatrics (Red Book)

4. Report vaccine and TIg administered to Public Health

Western Zone

South Shore Tel: 902-543-0850 Fax: 902-527-4208

South West Tel: 902-742-7141 Fax:902-742-3083

Annapolis Valley Tel: 902-542-6310 Fax: 902-542-4429 **Northern Zone**

Colchester East Hants Tel: 902-893-5820 Fax: 902-893-2614

Cumberland Tel: 902-667-3319 Fax: 902-893-2614

Pictou County Tel: 902-752-5151 Fax: 902-893-2614 **Eastern Zone**

Guysborough/Antigonish Teľ: 902-867-4500 ext.4800 Fax: 902-863-5111

Cape Breton Fax: 902-563-2005 **Central Zone**

Tel: 902-481-5800 Fax: 902-481-5889



¹ Refer to NS Immunization schedule for specific tetanus-containing vaccine recommendation based on age.

² Given at different injection sites using separate needles and syringes.

³ People with this type of wound who have significant humoral immune deficiency should be given Tlg even if fully immunized.

⁴ Cases of tetanus can be associated with lacerations (most frequent), injection drug use, and animal bites, blunt trauma or deep puncture wounds. Although any open wound is a potential source of tetanus, wounds contaminated with dirt, feces, soil, or saliva are at increased risk. Punctures and wounds containing devitalized tissue, including necrotic or gangrenous wounds, frostbite, crush and avulsion injuries, and burns, are particularly conducive to C tetani infection.