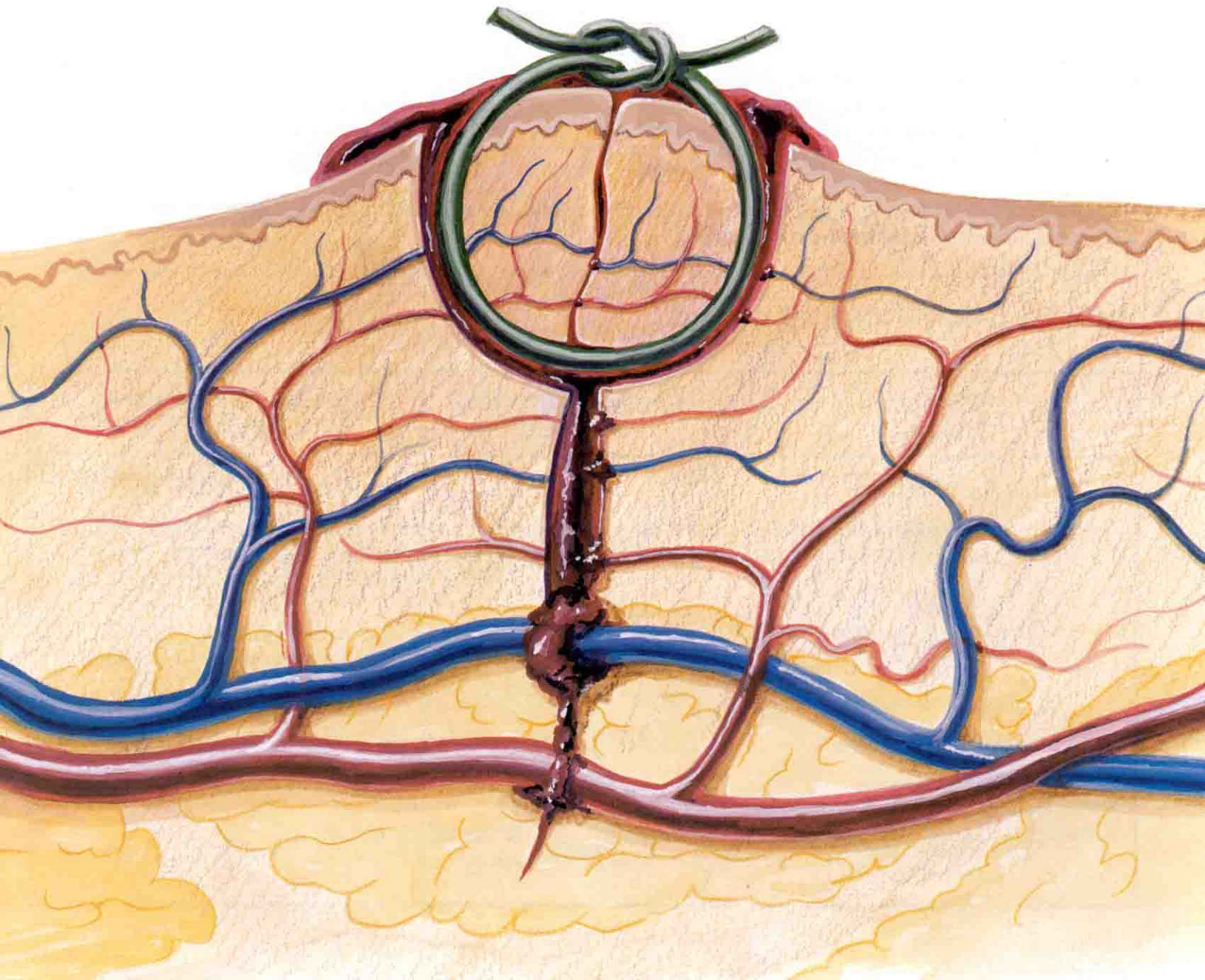


# Prophylaxis Against Tetanus in Wound Management

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# Prophylaxis Against Tetanus In Wound Management

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## General Principles

1. Active immunization against tetanus with tetanus toxoid markedly reduces the incidence of this disease and resulting death.
2. Recommendations for tetanus prophylaxis are based on (1) the condition of the wound, especially its susceptibility to tetanus; and (2) the patient's immunization history.
3. Regardless of the active immunization status of the patient, all wounds should receive immediate surgical treatment, using meticulous aseptic technique, to remove all devitalized tissue and foreign bodies. Consideration should be given to leaving tetanus-prone wounds open. Such care is an essential part of prophylaxis against tetanus.

### WARNING:

4. The only contraindication to tetanus and diphtheria toxoids for the wounded patient is a history of neurologic or severe hypersensitivity reaction to a previous dose. Local side effects alone do not preclude continued use. If a previous systemic reaction to horse serum is suspected to represent allergic hypersensitivity, postpone immunization until appropriate skin testing is performed.

**If contraindication to a tetanus toxoid-containing preparation exists, consider passive immunization against tetanus for a tetanus-prone wound.**

## Wound Classification

Clinical Features	Tetanus-Prone Wounds	Nontetanus-Prone Wounds
Age of wound	>6 hours	≤6 hours
Configuration	Stellate wound, avulsion	Linear wound, abrasion
Depth	>1 cm	≤1 cm
Mechanism of injury	Missile, crush, burn, frostbite	Sharp surface (for example, knife, glass)
Signs of infection	Present	Absent
Devitalized tissue	Present	Absent
Contaminants (dirt, feces, grass, saliva, and so on)	Present	Absent
Denervated and/or ischemic tissue	Present	Absent

## Immunization Schedule

Obtain a history of tetanus immunization from medical records so that appropriate tetanus prophylaxis can be accomplished. Individuals with risk factors for inadequate tetanus immunization status (immigrants, rural or urban poor, elderly without known interval booster shots) should be treated as unknown.

History of Adsorbed Tetanus Toxoid (Doses)	Tetanus-Prone Wounds		Nontetanus-Prone Wounds	
	Tt <sup>1</sup>	TIG	Tt <sup>1</sup>	TIG
Unknown or <3	Yes	Yes	Yes	No
≥3 <sup>2</sup>	No <sup>3</sup>	No	No <sup>4</sup>	No

Tt = Tetanus toxoid adsorbed (for adult use); TIG = tetanus immune globulin (human).

<sup>1</sup>For children less than 7 years old, DPT may be considered.

<sup>2</sup>If only three doses of fluid toxoid have been received previously, a fourth dose, preferably an adsorbed toxoid, should be given.

<sup>3</sup>Yes, if more than 5 years since last dose.

<sup>4</sup>Yes, if more than 10 years since last dose (more frequent boosters are not needed and can accentuate side effects).

## Disposition

Give each patient an appropriate written record describing treatment rendered and providing instructions for follow-up with regard to wound care, drug therapy, immunization status, and potential complications. Arrange for completion of active immunization.

Give every wounded patient a wallet-size card, documenting immunization dosage and date received.

For further information, see **Tetanus**, in Peter G (ed): *Red Book: Report of the Committee on Infectious Diseases*, 23rd ed. Elk Grove Village, IL, American Academy of Pediatrics, 1994.