**TETANUS PROPHYLAXIS**

**Level I**
*(If subjective data sufficient, no exam is necessary.)*

**Skill Level:** RN

**Definition:** Treatment with vaccine to induce active immunity or treatment with tetanus immune globulin to give passive immunity to reduce risk of infection of Clostridium tetani, a spore forming bacteria found in soil, dust, human or animal excreta.

<table>
<thead>
<tr>
<th>Subjective:</th>
<th>Assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I stepped on a nail.</td>
<td>Potential for infection: RISK OF TETANUS</td>
</tr>
<tr>
<td>I have a sliver.</td>
<td></td>
</tr>
<tr>
<td>I cut myself with a saw, etc.</td>
<td></td>
</tr>
<tr>
<td>I burnt myself.</td>
<td></td>
</tr>
<tr>
<td>I got something in my eye.</td>
<td></td>
</tr>
<tr>
<td>I was bitten (another person or animal).</td>
<td></td>
</tr>
<tr>
<td>&quot;I want a tetanus shot and it's been a while.&quot;</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Objective:</th>
<th>Plan:</th>
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</thead>
<tbody>
<tr>
<td>Lack of intact skin integrity due to any variety of mechanisms, including laceration, burn, puncture wound, corneal abrasion, bite, or foreign object.</td>
<td>See appropriate protocol for care of the injury.</td>
</tr>
<tr>
<td>No allergy to Tetanus, Diphtheria, or Pertussis vaccine or Tetanus immune globulin (if medically indicated).</td>
<td>See flow sheet for immunization history, prophylaxis, and booster</td>
</tr>
<tr>
<td>No severe allergy to Latex.</td>
<td>Before giving Tdap booster be sure:</td>
</tr>
<tr>
<td>No history of prolonged seizure or coma after a Tetanus, Diphtheria, or Pertussis vaccine in the past.</td>
<td>o No history of prior reaction or allergy to tetanus vaccine.</td>
</tr>
<tr>
<td>No history of Guillain-Barre syndrome.</td>
<td>o No severe latex allergy.</td>
</tr>
<tr>
<td>No documented Tetanus Vaccine for 10 years or more.</td>
<td>o No history of Guillain-Barre.</td>
</tr>
<tr>
<td>No illness with fever over 101.5 degrees.</td>
<td>o Have patient read Tdap Vaccine Information Summary (VIS).</td>
</tr>
<tr>
<td></td>
<td>o Obtain informed consent.</td>
</tr>
</tbody>
</table>

| | Contact practitioner if any contra-indication to immunization booster is found. |
| | If no documented tetanus vaccine in ten years, or more, can give vaccine even if there is no recent wound. |
| | Check tetanus prophylactic flow sheet for possible use of tetanus immune globulin, contact practitioner if indicated. |
| | Give Tetanus immunization (Tdap) 0.5cc IM |
Nursing Education:

The CDC has suggested the change in immunization practice for those who have a need for Tetanus immunization to now include Pertussis vaccine, included in the Tdap Vaccine.

APPROVED:

__________________________________________
Medical Services Manager

__________________________________________
Chief Medical Officer

Medical Director

________________________
Date

________________________
Date

Effective Date: 
Revised: May 2016
## TETANUS PROPHYLAXIS FLOW SHEET

<table>
<thead>
<tr>
<th>IMMUNIZATION HISTORY</th>
<th>TETANUS PRONE WOUND</th>
<th>NON-TETANUS PRONE WOUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULLY IMMUNIZED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has had at least 3 Td shots at some time in past as adult or child</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>A. and booster w/in 5 years</td>
<td>Tdap 0.5ml IM</td>
<td>Tdap 0.5ml IM</td>
</tr>
<tr>
<td>B. and booster w/in 10 years</td>
<td>Tdap 0.5ml IM</td>
<td>Tdap 0.5ml IM</td>
</tr>
<tr>
<td>PARTIAL IMMUNIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two (2) or more prior injections with last dose being longer than 10 years ago</td>
<td>Tdap 0.5ml IM PLUS 250 units Tetanus Immune Globulin in opposite arm if wound is more than 24 hours old</td>
<td>Tdap 0.5ml IM</td>
</tr>
<tr>
<td>NOT ADEQUATELY IMMUNIZED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One or no prior Td shots or unknown immunity</td>
<td>Tdap 0.5ml IM PLUS 250 units Tetanus Immune Globulin in opposite arm. Contact practitioner for possible antibiotic.</td>
<td>Tdap 0.5ml IM</td>
</tr>
</tbody>
</table>

Tdap = Tetanus, Diphtheria and Acellular Pertussis.

- Tetanus prone wounds:
  - puncture wounds
  - wounds uncared for 6 hours or more
  - avulsed or torn wounds
  - wounds from crushing injury
  - wounds from projectiles
  - wounds from heat/cold injury
  - wounds with signs of infection
  - wounds with devitalized tissue
  - wounds with foreign contaminates.
  - corneal abrasion.
Oregon Department of Corrections
Adult Vaccine Consent Form/Consentimiento para vacunación de adultos

I have read the Vaccine Information Statement (VIS) and have had explained to me the information about the vaccine I will receive today. I believe I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to me. He leído la declaración de información de vacunas y se me ha explicado la información sobre la vacuna que recibiré hoy. Entiendo los beneficios y riesgos y pido que me den la vacuna.

<table>
<thead>
<tr>
<th>Signature/Firma</th>
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Medical screening questions for adult vaccines. Please answer yes/no to the following questions. These questions will be used to determine whether you should be given vaccine today. Proyecciones de preguntas médicas para vacunas para adultos. Favor de contestar si o no a las siguientes preguntas. Estas preguntas determinaran si debería recibir vacunación hoy.

<table>
<thead>
<tr>
<th>Do you feel sick today? ¿Se siente enfermo hoy?</th>
<th>Date/Fecha</th>
<th>Date/Fecha</th>
<th>Date/Fecha</th>
<th>Date/Fecha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have allergies to medications, food, a vaccine, or latex? ¿Tiene alergia a medicamentos, comida, vacunas, o látex?</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
</tr>
<tr>
<td>Have you ever had a serious reaction to a vaccine? ¿Alguna vez ha tenido una reacción grave a una vacuna?</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
</tr>
<tr>
<td>Have you ever had a seizure, brain or nervous system problem? ¿Alguna vez ha tenido una convulsión, problema del cerebro o el sistema nervioso?</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
</tr>
<tr>
<td>Do you have cancer, leukemia, HIV/AIDS, or another immune system problem? ¿Tiene cáncer, leucemia, VIH/SIDA, u otro problema del sistema inmunológico?</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
</tr>
<tr>
<td>Do you have heart disease, asthma, kidney disease, diabetes, anemia or a blood disorder? ¿Tiene enfermedad cardíaca, asma, enfermedad de riñones, anemia o algún trastorno sanguíneo?</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
</tr>
<tr>
<td>In the past year, have you had a blood transfusion or been given blood product, or immune globulin? En el último año, ¿ha tenido una transfusión de sangre o ha recibido algún producto de sangre o globulina inmune?</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
</tr>
<tr>
<td>In the past 3 months, have you taken medications such as cortisone, prednisone or other steroids, anti-cancer drugs, antiviral drugs, or had radiation treatments? En los últimos 3 meses, ¿ha tomado medicamentos como cortisona, prednisona, u otros esteroides, medicamentos anti cáncer, medicamentos antivirales, o ha tenido radicación?</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
</tr>
<tr>
<td>Women: Are you or do you think you might be pregnant? Para mujeres: ¿Está o piensa que quizás esté embarazada?</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
<td>Date/Fecha</td>
</tr>
</tbody>
</table>

Mother's maiden name. Apellido soltero de su madre.

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SID:</td>
<td></td>
</tr>
<tr>
<td>DOB:</td>
<td></td>
</tr>
</tbody>
</table>

THIS IS A DOUBLE-SIDED DOCUMENT

Oregon Department of Corrections
2575 Center Street NE
Salem, OR 97301-4667

CD 1692 11-14
**VACCINE INFORMATION STATEMENT**

**Tdap Vaccine**

*What You Need to Know*

1. **Why get vaccinated?**
   
   Tetanus, diphtheria and pertussis are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.
   
   TETANUS (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.
   
   - It can lead to tightening of muscles in the head and neck so you can’t open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.
   
   DIPHTHERIA is also rare in the United States today. It can cause a thick coating to form in the back of the throat.
   
   - It can lead to breathing problems, heart failure, paralysis, and death.
   
   PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.
   
   - It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

   These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

   Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

2. **Tdap vaccine**

   Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did not get Tdap at that age should get it as soon as possible.

   Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

   Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

   Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

   Your doctor or the person giving you the vaccine can give you more information.

   Tdap may safely be given at the same time as other vaccines.

3. **Some people should not get this vaccine**

   - A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR, has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.
   
   - Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.
   
   - Talk to your doctor if you:
     - have seizures or another nervous system problem,
     - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
     - ever had a condition called Guillain-Barré Syndrome (GBS),
     - aren’t feeling well on the day the shot is scheduled.
4 Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

Mild problems following Tdap

(Do not interfere with activities)

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

Moderate problems following Tdap

(Interfered with activities, but did not require medical attention)

- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500)

Severe problems following Tdap

(Unable to perform usual activities; required medical attention)

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a serious allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement

Tdap Vaccine

2/24/2015

42 U.S.C. § 300aa-26