Skill Level: RN  

Definition: A wound or puncture of the skin as a result of tooth penetration by another person or by an animal.

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<th>Subjective:</th>
<th>Assessment:</th>
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| - "I was in a fight and I have a cut on my hand."  
- "I was in a fight and that guy bit me"  
- "I was bitten by a dog/cat/bat, etc." | - Impaired skin integrity - Bite.  
- Potential for Infection |

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<th>Objective:</th>
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| - Vital signs normal or elevated.  
- No localized heat, or drainage. Erythema and bruising may or may not be present.  
- Normal ROM in joint area involved.  
- Acute bites may have bite mark evident, with an open bite wound, evaluate wound for foreign objects, if present consult with a provider further for a plan of removal.  
- Dog and human bites often leave a crush-type injury while cat bites leave a puncture.  
- The bite must not be suspected to be from a wild animal such as a raccoon, bat or skunk. Bat bites may be difficult to detect.  
- No avulsed part, no involvement of ear or nose with possible cartilage damage.  
- Assess for recent offsite travel, such as outside workcrew locations/areas. | - Thoroughly cleanse the wound with Betasept soap and water.  
- For extensive injury especially with devitalized tissue, avulsed part, or possible cartilage damage, call the provider.  
- Monitor all bites daily for signs of infection until healed (consider possible recent altercations for pts presenting with S/Sx’s of infection and no obvious explanation)  
- Initiate Blood Borne Pathogen Exposure Protocol if this is a human bite.  
- Bite wounds, especially cat and human bites are often not sutured because of the risk of infection. Call provider if questions about the need for wound closure.  
- If bite from wild animal, discuss with provider.  
- If human bite, encourage patient to seek HIV/Hep screening |

Preventive Antibiotics are often not used for bite wounds, but should be used for the following types of bite wounds:  
Schedule all of the following patients with provider at next available clinic.  
- Deep puncture wounds (especially due to cat bites)  
- Moderate to severe wounds with associated crush injury.  
- Deep human bites.
• Wounds on the hand(s), genitalia, face, or in close proximity to a bone or joint (particularly the hand and prosthetic joints).
• Wounds requiring closure.
• Bite wounds in compromised hosts (e.g. immunocompromised, on steroids, absent spleen, and adults with diabetes mellitus).
• Wounds in areas of chronic lower extremity edema.
• Patients with prosthetic heart valve if injury is sustained from human bite

For these wounds, if using antibiotics, check for allergies to medication and suggest:
• Augmentin 875 mg twice daily x 10 days. (Preventive treatment.)
• If allergy to Augmentin (Penicillin), call provider for orders.
• Call provider before issuing any medications to pregnant patients, complete pregnancy test as needed.

With continued daily monitoring, call practitioner if patient is not improving or wound is worsening.

Animal bites are reportable to the local health department within 1 working day. (See Nursing Education.)

At nursing discretion may use any of the below:
• Hot wet pack four times daily x 5 days as needed.
• Patient to watch wound for signs and symptoms of infection and recheck promptly if needed.
• Monitor all bites daily for signs of infection.
• Consider tetanus status – refer to Tetanus Prophylaxis Protocol.
Bites-- Level II

Nursing Education:

1. When a fight is suspected and the patient has a wound of the hand, treat it as a human bite. Lesions suspected of being from a human mouth, especially over joint surfaces or tendons of the hand, will commonly become infected. Such wounds are seldom closed because of the risk of infection. Antibiotics are used preventively in this case.

2. If some time has passed since the bite and the wound shows signs of infection, more aggressive treatment may be indicated, and the medical provider should be contacted.

3. Animal bites to the head or neck increase the urgency of the situation, as they decrease the time when rabies prophylaxis is likely to be effective. Conversely, adequate first aid, especially thorough washing of the wound with soap and water, greatly decreases risk.

4. In general, only bats or animals that may be exposed to bats are potential sources of rabies transmission.

5. In Oregon bats are less active during cold weather so there is little risk of other animals being bitten and potentially infected by rabies.

6. Lagamorphs (rabbits, hares), small rodents (squirrels, chipmunks, mice) and cervids (deer and elk) are generally rabies free probably as a result of behavioral and feeding habits and possibly genetic resistance to rabies.

7. Although vaccine failure is possible, dogs cats and ferrets with an up-to-date vaccination history are unlikely to be rabid.

Call the local health department within 24 hours for all documented or suspected animal bites. They will need the following information:

- Name of person bitten
- Age, date of birth
- Date and time of injury
- Location and nature of injuries
- Circumstances surrounding incident
- Type of animal involved
- Owner's name and address (if known)

Patient Teaching:
Keep wound clean and dry. Report signs or symptoms of infection promptly.
Bites-- Level II

APPROVED:

Medical Services Manager ____________________________ Date

Chief Medical Officer ____________________________ Date

Clinical Medical Director ____________________________ Date

Effective Date: ____________________________
Revised: November 2017
Supersedes: May 2016

11/20/2017