

RN Protocol: Tetanus Prophylaxis

I. POLICY

- A. Function: To facilitate and guide the Registered Nurse (RN) in the assessment and treatment of patients with tetanus-prone wounds.
- B. Circumstances under which the RN may perform:
 - 1. Setting: Outpatient clinic and triage and treatment area.
 - 2. Supervision: None required.

II. PROTOCOL

- A. Definition: This protocol covers the assessment and treatment of patients presenting with tetanus-prone wounds. Tetanus-prone wounds include (1) wounds that are more than six hours old; (2) puncture wounds; (3) gunshot wounds; (4) avulsions; and (5) wounds contaminated with dirt, feces, soil, or saliva.
- B. Subjective:
 - 1. Assess patient's previous tetanus immunization history.
 - 2. Assess for history of previous reaction to vaccination.
 - 3. If pregnant: First determine the date of the last menstrual period and calculate the trimester. Consult a physician before giving any tetanus prophylaxis to a pregnant patient.. Note: Pregnant women may receive tetanus immunization during the second and third trimester if necessary and on the direct order of a physician.
- C. Objective:
 - 1. Examine wound for the presence of foreign bodies and/or debris.
 - 2. Determine if the wound meets the criteria of a tetanus-prone wound as described in the above definition.
- D. Assessment:
 - Altered skin integrity
 - Risk for systemic infection
- E. Plan:

Administer tetanus prophylaxis according to the attached guidelines:

 - 1. Shake vial or prefilled syringe containing Tetanus-Diphtheria Toxoid vigorously to suspend contents. Solution should be white; if is not white **DO NOT** use.
 - 2. Administer:
 - TD = Tetanus-Diphtheria Toxoid. Standard dose is 0.5 ml given intramuscularly into the deltoid muscle. Administer Tetanus-Diphtheria Toxoid 0.5 ml via deep intramuscular injection, preferably in the deltoid muscle. Use a 1 to 1 ½ inch, 20 to 25-gauge needle.

- TIG = Tetanus Immune Globulin. Standard dose is 250 Units intramuscularly. Use a separate needle, syringe, and injection site to administer Tetanus Immune Globulin.
- 3. Advise patient that he/she may experience redness, pain, or soreness at injection site. These symptoms will disappear within a few days.
- 4. Document the date, time, name of the medication, dose, route, and site of administration on the emergency care flow sheet.

CLEAN, MINOR WOUNDS

<u>If the patient has received:</u>	<u>Administer</u>
Fewer than 3 adsorbed tetanus toxoid doses or immunization history is unknown;	TD
3 or more adsorbed tetanus toxoid doses (or booster) within the last 5 to 10 years;	Nothing
3 or more adsorbed tetanus toxoid doses but last dose (or booster) given more than 10 years ago;	TD

ALL OTHER WOUNDS

Such as wounds contaminated with dirt, soil, saliva, or feces; puncture wounds; avulsions; and wounds resulting from bullets, crush injuries, or burns.

<u>If the patient has received:</u>	<u>Administer</u>
Fewer than 3 adsorbed tetanus toxoid doses or immunization history is unknown.	TD and TIG
3 or more adsorbed tetanus toxoid doses (or booster), with the last dose (or booster) given within the last 5 years.	Nothing
3 or more adsorbed tetanus toxoid doses but last dose (or booster) given more than 5 years ago.	TD

III. REQUIREMENTS FOR RN

- A. Education/Training: The Registered Nurse shall attend an in-service on the assessment and treatment of patients with traumatic wounds to the skin and achieve a minimum score of 80% on the written posttest examination.
- B. Experience: None.
- C. Certification: None
- D. Initial Evaluation: Initial competence will be validated onsite through simulated exercises, mock scenarios, and return demonstration. The Registered Nurse must satisfactorily demonstrate all critical behaviors identified on the Competence Validation Tool to be considered competent to perform standardized procedure functions.

A written performance appraisal shall be performed by the Supervising Registered Nurse or designee six months after initial competence has been validated. Methods to evaluate performance shall include, but not be limited to direct observation, feedback from colleagues and physicians, and chart review.

- E. Ongoing Evaluation: Ongoing competence will be validated annually using case study analysis, written examination, and return demonstrations where appropriate.

IV. REGISTERED NURSES AUTHORIZED TO PERFORM THIS PROCEDURE

A current list of all Registered Nurses authorized to perform this procedure shall be maintained on file in the Office of the Director of Nursing.

V. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE

This standardized procedure was developed and approved by authorized representatives of administration, medicine, and nursing. The procedure will be reviewed annually.

REVIEW DATE: _____

REVISION DATE: _____

THE STANDARDIZED PROCEDURE WAS APPROVED BY:

Chief Nurse Executive/Director of Nursing

DATE: _____

Chief Medical Executive

DATE: _____