

Bite Injury

**In the absence of symptoms or signs of infection, many bite injuries with skin penetration benefit from antibiotic prophylaxis**

**Prescribe antibiotic prophylaxis for bite injuries with skin penetration and these high-risk features:**

- **wound factors: moderate/severe wound, crush injury, deep wound, feline source, delayed presentation (>8 hours)**
- **high-risk locations: face, hand, genitalia, close to joint**
- **host factors: diabetes mellitus, asplenia, other immunocompromising condition**

Dog Bite OR Cat Bite/Scratch OR Human Bite	
<b>Likely pathogen(s)</b>	<b>Dog Bite or Cat Bite/Scratch:</b> <i>Pasteurella, Fusobacterium, Capnocytophaga, Bartonella henselae</i> (specific to cat exposure) <b>Human Bite:</b> Streptococci, MRSA, MSSA, <i>Eikenella, Peptostreptococcus</i>
<b>Diagnosis</b>	Do not swab <b>fresh</b> bite wounds without signs of infection for culture If debridement of an infected wound is performed, send for Gram stain as well as aerobic & anaerobic culture
<b>Treatment</b>	<b>Adults &amp; Children ≥40 kg</b>
	<b>Children &lt;40 kg</b>
<b>Adjunctive Measures</b>	<b>Box A</b> 1. <b>Clindamycin</b> 300 mg TID for 5 days (3 days if no signs of infection) 2. <b>TMP-SMX DS</b> 800 mg-160 mg BID for 5 days (3 days if no signs of infection)
	<b>Box B</b> 1. <b>Ciprofloxacin</b> 20-30 mg/kg/day <u>divided BID</u> for 5 days (3 days if no signs of infection) (maximum dose: 1000 mg/day) 2. <b>TMP-SMX</b> 8-12 mg/kg/day <u>divided BID</u> for 5 days (3 days if no signs of infection) (dose based on TMP component) (maximum dose: 320 mg/day)
Td, Tdap or DTaP if fewer than 3 baseline doses, ≥5 years since last dose, or unknown prior vaccination Elevate limb NSAIDs or acetaminophen <b>Surgical consultation is indicated if sutured closure is considered</b>	

**Key Points for Counseling Patients**

1. Swelling and erythema can vary by gravity, and by time of day
2. Elevation of the involved limb and use of NSAIDs or acetaminophen can reduce pain rapidly
3. Reassuring signs of improvement after antibiotics have started include
  - Less pain and/or tenderness
  - Less warmth
  - Less erythema, or skin turning from red to brown
4. Antibiotic therapy is expected to end prior to complete wound healing
5. Short-term follow-up with a medical professional may be indicated

**When to Consider Transfer to ED**

1. Bite due to exotic animal or non-traditional pet
2. Concern for need for rabies prophylaxis (bats, raccoons & skunks, or animal bite or scratch in a returned traveler)
3. Concern for involvement of bone, joint, tendon, face or hand
4. Presence of devitalized tissue
5. Concern for need for surgical evaluation