

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	
Likely pathogen(s)	Dog Bite or Cat Bite/Scratch: <i>Pasteurella, Fusobacterium, Capnocytophaga, Bartonella henselae</i> (specific to cat exposure) Human Bite: Streptococci, MRSA, MSSA, <i>Eikenella, Peptostreptococcus</i>
Diagnosis	Do not swab fresh 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
Treatment	Adults & Children ≥40 kg
	Pediatric <40 kg
	<p>Clean wound with antiseptic solution Irrigate with copious saline If debridement is indicated, consider transfer to ED</p> <p>Standard Antibiotics Amoxicillin-clavulanate 875 mg-125 mg BID for 5 days (3 days if no signs of infection)</p> <p>Penicillin Allergy History (see NM O/P Allergy Risk Assessment first) Mild, Moderate, or Severe Beta-lactam Allergy Hx Combination Therapy Ciprofloxacin 500 mg BID for 5 days (3 days if no signs of infection) WITH ONE from Box A</p> <div style="border: 1px solid black; padding: 5px;"> <p>Box A</p> <p>1. TMP-SMX DS 800 mg-160 mg BID for 5 days (3 days if no signs of infection)</p> <p>2. Clindamycin (the Sulfa Allergy option)</p> <p>300 mg TID for 5 days (3 days if no signs of infection)</p> </div>
	<p>Clean wound with antiseptic solution Irrigate with copious saline If debridement is indicated, consider transfer to ED</p> <p>Standard Antibiotics Amoxicillin-clavulanate 25-45 mg/kg/day <u>divided BID</u> for 5 days (3 days if no signs of infection) (dose based on amox component) (maximum dose (amox): 1750 mg/day)</p> <p>Penicillin Allergy History (see NM O/P Allergy Risk Assessment first) Mild, Moderate, or Severe Beta-lactam Allergy Hx Combination Therapy Ciprofloxacin 20-30 mg/kg/day <u>divided BID</u> for 5 days (3 days if no signs of infection)</p> <p>(maximum dose: 1000 mg/day) WITH ONE from Box B</p> <div style="border: 1px solid black; padding: 5px;"> <p>Box B</p> <p>1. TMP-SMX 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)</p> <p>2. Clindamycin (the Sulfa Allergy option)</p> <p>30 mg/kg/day <u>divided TID</u> for 5 days (3 days if no signs of infection) (maximum dose: 900 mg/day)</p> </div>
Adjunctive Measures	Td, Tdap or DTaP if fewer than 3 baseline doses, ≥5 years since last dose, or unknown prior vaccination Elevate limb to reduce edema and pain NSAIDs or acetaminophen Surgical consultation is indicated if sutured closure is considered

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