



PAEDIATRIC ACUTE CARE GUIDELINE

Animal/Human Bites

Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

This document should be read in conjunction with this DISCLAIMER
<http://kidshealthwa.com/about/disclaimer/>

Animal/Human Bites

Assessment

Investigations

- The majority of children require no investigations
- Indicated only if systemic symptoms, suspicion of underlying infection or in immunocompromised patient
 - FBC, CRP and Blood cultures are indicated in the unwell child who appears septic

Management

Animal/Human Bites

- Bites are common injuries prone to infection. All require prophylactic antibiotics.
- The bite site requires meticulous wound preparation. It should not be closed unless thoroughly irrigated and debrided.
- Review the patients tetanus immunisation history. Consider the need for [Tetanus Prophylaxis](#).
- [Antibiotics](#) required:
 - Prophylaxis, or mild to moderate infection: Amoxycillin/clavulanic acid
 - Severe infection or injury: Piperacillin/tazobactam

Human

- Staphylococci, Streptococci, Bacteroides, Anaerobic cocci, Eikenella corrodens

Animal

- Most common cause is dog bite, then cat bite
- Increased risk of infection - Staphylococci, Streptococci, Bacteroides, Anaerobic cocci and Pasturella multocida (more common in cat bites)
- Rabies prophylaxis is not routinely required for bites in Australia but beware of patients presenting from rabies-endemic regions (Asia, Africa, Central and South America). Includes Bali from August 2008. See WHO: [Rabies enzootic areas](#). Refer to [Rabies and Lyssavirus](#)

Nursing

- Apply EMLA if patient condition is suggestive of requiring intravenous antibiotics


Observations

- Baseline observations include heart rate, blood pressure, respiratory rate, oxygen saturations, temperature and neurovascular observations (if circumferential or significant swelling).
- Minimum of hourly observations should be recorded whilst in the emergency department.
- Any significant changes should be reported immediately to the medical team.

References

1. WA Health Child and Adolescent Health Service. Skin, Soft Tissue and Orthopaedic Infections ChAMP Empiric Guidelines Version 2, August 2014
External Review: Christopher Blyth (Infectious Diseases Consultant) September 2015

This document can be made available in alternative formats on request for a person with a disability.

File Path:			
Document Owner:	Dr Meredith Borland HoD, PMH Emergency Department		
Reviewer / Team:	Kids Health WA Guidelines Team		
Date First Issued:	7 October, 2015	Version:	
Last Reviewed:	7 October, 2015	Review Date:	7 October, 2017
Approved by:	Dr Meredith Borland	Date:	7 October, 2015
Endorsed by:	Medical Advisory Committee	Date:	7 October, 2015
Standards Applicable:	NSQHS Standards: 		
Printed or personally saved electronic copies of this document are considered uncontrolled			