

## RN Protocol: Tetanus Prophylaxis

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### 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 the patient's previous tetanus immunization history.
  - 2. Assess for history of a previous reaction to the 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 the wound for the presence of foreign bodies and/or debris.
  - 2. Determine if the wound meets the criteria of a tetanus-prone wound as defined above.
- D. Assessment:
  - 1. Altered skin integrity as evidenced by/related to: (specify on associated encounter form).
  - 2. Risk for systemic infection as evidenced by/related to: (specify on associated encounter form).
- E. Plan:

Administer tetanus prophylaxis as follows (refer to package insert(s) for full instructions):

  - 1. Shake vial or prefilled syringe containing Tetanus-Diphtheria and Pertussis (Tdap) vaccine vigorously just prior to withdrawing dose (use aseptic technique) to ensure a uniform, cloudy suspension. If the vaccine cannot be resuspended, **DISCARD IT**. Do not mix Boostrix or Adacel with any other vaccine.

2. Shake vial or prefilled syringe containing Tetanus-Diphtheria Toxoid (TD) vigorously to suspend contents. Solution should be white; if is not white, **DO NOT** use. Do not mix TD with any other vaccine.
3. Administer:
  - Tdap vaccine: Standard dose is 0.5 ml given intramuscularly into the deltoid muscle. Administer the Tdap vaccine 0.5 ml via deep intramuscular injection, preferably in the deltoid muscle. Use a 1 to 1 ½ inch, 20 to 25-gauge needle.
  - TD: Standard dose is 0.5 ml given intramuscularly into the deltoid muscle. Administer TD 0.5 ml via deep intramuscular injection, preferably in the deltoid muscle. Use a 1 to 1 ½ inch, 20 to 25-gauge needle.
  - Tetanus Immune Globulin (TIG): Standard dose is 250 units intramuscularly. Use a separate needle, syringe, and injection site to administer TIG.
4. Advise the patient that he/she may experience redness, pain, or soreness at the injection site. These symptoms will disappear within a few days.
5. Document the date, time, name of the medication, dose, route, and site of administration in the health record.

**CLEAN, MINOR WOUNDS**

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

**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.**

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

**III. REQUIREMENTS FOR THE REGISTERED NURSE**

- A. Education/Training: The RN 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 RN 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 RN 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**

The Chief Nurse Executive shall ensure a current list of all RNs authorized to perform this procedure is on file within Nursing Services as required by Inmate Medical Services Policies and Procedures, Volume 5, Chapter 4.2, Nursing Competency Program Procedure.

**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: \_\_\_\_\_  
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REVISION DATE: \_\_\_\_\_  
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THE STANDARDIZED PROCEDURE WAS APPROVED BY:

\_\_\_\_\_  
Chief Nurse Executive

DATE: \_\_\_\_\_

\_\_\_\_\_  
Chief Medical Executive

DATE: \_\_\_\_\_