

BITES

These are often trivial but in a few circumstances may result in anaphylaxis.

Dog and cat bites should not be sutured since this can seal in debris and bacteria. *Pasteurella multocida* is present in 80% of infected cat bites. Delayed closure of such wounds results in fewer infections. Thoroughly cleanse these wounds (may require infiltration with local anaesthetic for this to be done) cover them with inadine, prescribe Augmentin (or doxycycline & metronidazole if allergic) and arrange for review in 48hrs in the ED clinic. The single exception to this is bites on the face, which should be sutured for cosmetic reasons-see senior advice. Remember tetanus status.

Occasionally you will see patients, often returning from abroad, who have infected insect bites with surrounding cellulitis. These require oral antibiotics such as amoxicillin/flucloxacillin and follow up at the GP surgery.

Human bites can be nasty, particularly lacerations over the fifth metacarpophalangeal joint (due to punches into teeth), which can result in severe infections and septic arthritis.

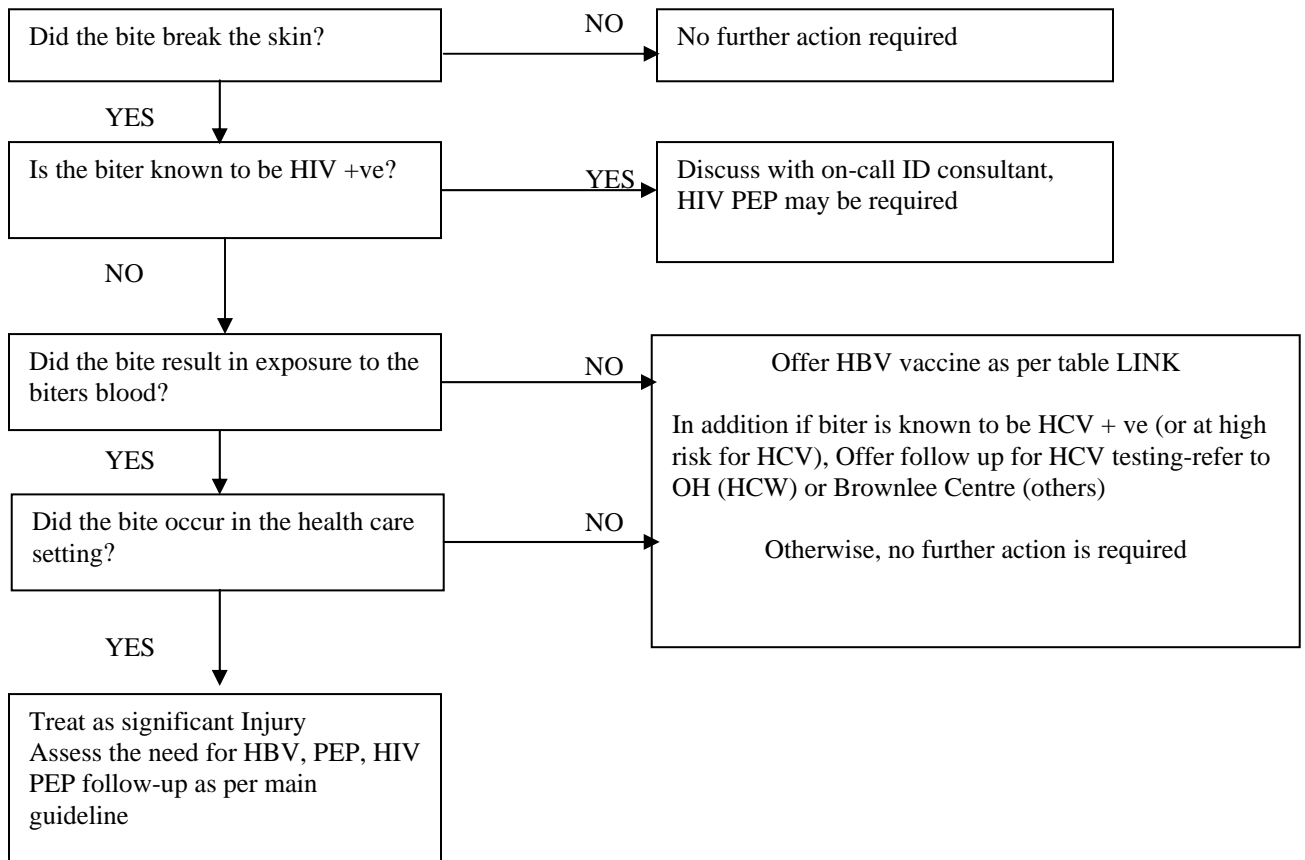


'punch bite injury'

All such wounds should be thoroughly explored and cleaned under local anaesthetic. Abrasions require no further treatment. Puncture wounds and ragged lacerations should all be treated with inadine dressing and a course of oral Augmentin. If the patient is allergic to this then prescribe doxycycline and metronidazole -advise to avoid alcohol. Consider the need for hepatitis/tetanus/PEP prophylaxis-see overleaf. These wounds should be reviewed within 48hours to assess progress or arrange for delayed closure.

If the wound is thought to have penetrated the joint capsule or the extensor tendon is exposed, these wounds should be referred to the orthopaedic surgeons for formal exploration.

Assessment of risk of BBV following human bite



The clinical evaluation should also include the possibility that both the person bitten and the person who inflicted the bite may have been exposed to bloodborne pathogens during the incident

For bite injuries occurring outside the health care setting, it is likely that the biter will not be available for risk assessment or testing. HIV PEP would **not** be recommended in this situation unless the biter was known to be HIV + ve.