

## Human and Animal Bite

### Management of non-infected wounds

Type of bite	Bite has not broken the skin	Bite has broken the skin but not drawn blood	Bite has broken the skin and drawn blood
Human bite	Do not offer antibiotics	Consider antibiotics if it is in a high-risk area or person at high risk.	Offer antibiotics
Cat bite	Do not offer antibiotics	Consider antibiotics if the wound could be deep.	Offer antibiotics
Dog or other traditional pet bite	Do not offer antibiotics	Do not offer antibiotics	Offer antibiotics if it has caused considerable, deep tissue damage or is visibly contaminated. Consider antibiotics if it is in a high-risk area or person at high risk.

### Human bite

#### Organisms

- Group A streptococci and viridans streptococci
- *S. aureus*
- *Haemophilus sp.*
- Anaerobes
- **Antibiotic prophylaxis should be given** in a bite that has broken the skin and drawn blood
- **Antibiotic prophylaxis should be considered** for a bite that has broken the skin but **not** drawn blood if:
  - It involves hands, feet, face, genitals, skin overlaying cartilaginous structures or an area of poor circulation, **or**
  - Is in a person at risk of serious wound infection because of a comorbidity
    - ✓ Diabetes
    - ✓ Immunosuppression
    - ✓ Asplenia
    - ✓ Decompensated liver disease
- For human bites assessment of HIV, hepatitis B and C risk is advised

### Animal bite

#### Organisms

- *Pasteurella multocida*
- Anaerobe
- **Wound toilet is important** and assessment of tetanus and rabies (if bitten abroad) risk should be made.
- **Antibiotic prophylaxis should be given:**
  - In a **cat bite** that has broken the skin and drawn blood
  - In a **dog bite** (or other traditional pet, excluding cat bites) that has broken the skin **and** drawn blood if it:
    - Has penetrated bone, joint, tendon or vascular structures, **or**
    - Is deep, is a puncture or crush wound, or has caused significant tissue damage, **or**
    - Is visibly contaminated (for example there is dirt or a tooth in the wound)
- **Antibiotic prophylaxis should be considered:**
  - In a **cat bite** that has broken the skin but not drawn blood if the wound could be deep
  - In a **dog bite** (or other traditional pet, excluding cat bites) that has broken the skin **and** drawn blood if it:
    - Involves hands, feet, face, genitals, skin overlaying cartilaginous structures or an area of poor circulation, **or**
    - Is in a person at risk of serious wound infection because of a comorbidity
      - ✓ Diabetes
      - ✓ Immunosuppression
      - ✓ Asplenia
      - ✓ Decompensated liver disease

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**Refer to hospital if there are signs of a serious illness (severe cellulitis, abscess, osteomyelitis, septic arthritis, necrotizing fasciitis or sepsis), or a penetrating wound involving bones, joints, tendons or vascular structures.**

- Consider referral or seeking specialist advice:
  - If the person:
    - Is systemically unwell
    - Has an infection after prophylactic antibiotic
    - Cannot take, or has an infection that is not responding to, oral antibiotics
  - From microbiologist for **domestic animal bites** (including farm animal bites) you are unfamiliar with
- Seek specialist advice from a microbiologist for bites from a **wild or exotic animal** (including birds and non-traditional pets)

**CHOICE OF ANTIBIOTIC FOR PROPHYLAXIS AND TREATMENT:**
**Children and young people 12 to 17 years and adults aged 18 years and over**

Prophylaxis and treatment antibiotic	Dosage and Course length (Prophylaxis = 3 days and treatment = 5 days)
First-choice oral antibiotic <b>Co-amoxiclav</b>	500/125mg three times a day
Alternative first-choice oral antibiotics for penicillin allergy or if co-amoxiclav is unsuitable <b>Doxycycline WITH Metronidazole</b>	200mg on first day, then 100mg or 200mg daily 400mg three times a day
Alternative first-choice oral antibiotics in pregnancy for penicillin allergy or if co-amoxiclav is unsuitable	Seek specialist advice
If unable to take oral antibiotics or severely unwell	Refer to hospital

**Children under 12 years**

Prophylaxis and treatment antibiotic	Dosage and Course length (Prophylaxis = 3 days and treatment = 5 days)
Choice for children under 1 month	Seek specialist advice
First-choice oral antibiotic for children aged 1 month and over <b>Co-amoxiclav</b>	<b>1 month to 11 months:</b> 0.25ml/kg or 125/31 suspension TDS <b>1 to 5 years:</b> 0.25ml/kg or 5ml of 125/31 suspension TDS <b>6 to 11 years:</b> 0.15ml/kg or 5ml of 250/62 suspension TDS
Alternative first-choice oral antibiotic for children under 12 years for penicillin allergy or if co-amoxiclav is unsuitable <b>Co-trimoxazole</b> (off-label use as per <a href="#">NICE</a> ; see the <a href="#">BNF for children</a> for information on monitoring)	<b>6 weeks to 5 months:</b> 120mg or 24mg/kg BD <b>6 months to 5 years:</b> 240mg or 24mg/kg BD <b>6 years to 11 years:</b> 480mg or 24mg/kg BD
<i>For off-label use, follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the <a href="#">General Medical Council's good practice in prescribing and managing medicines and devices</a> for information.</i>	
If unable to take oral antibiotics or severely ill	Refer to hospital

Version Control- <b>Human and Animal Bites</b>			
Version	Author(s)	Date	Changes
V2.1	Shary Walker, Interface and Formulary Pharmacist  Karen Robinson, Interface and Formulary Technician	22/04/21	1. Updated in accordance to <a href="https://www.nice.org.uk/guidance/ng184">https://www.nice.org.uk/guidance/ng184</a> (accessed April 2020) 2. Alternative for pregnancy with penicillin allergy or if co-amoxiclav unsuitable as advised by local NUH Infection specialists.