

### Exclusion criteria:

- Patients < 2 months of age
- Non-mammal bites
- Superficial bites that have not penetrated the skin

### Considerations when determining need for imaging:

- Bone or joint involvement
- Head involvement
- Suspected fracture
- Retained foreign body
- Infected with concern for abscess

### Indications for prophylactic antibiotics:

- Moderate or severe wounds, especially if edema or crush injury is present
- Puncture wounds, especially if penetration of bone, tendon sheath, or joint occurred
- Deep or sutured facial wounds
- Hand or foot involvement
- Genital area involvement
- Immunocompromised, including asplenic patients
- All cat bites

### Indications for antibiotic treatment:

- Signs of infection
- [See Antibiotics table](#)

### Lidocaine dosing:

- CM sites utilize 1% lidocaine (10 mg/mL) formulations
- Recommended maximum dose = 4.5 mg/kg/dose (max 300 mg/dose)
- Link to [lidocaine dosage calculator](#)

Patient presents with mammal bite (including human\*)

Assess need for trauma activation per policy

Consider need for imaging

Collect aerobic/anaerobic cultures if wound is infected

Consider need for antibiotics

Order vaccine and/or immunoglobulin

Rabies and/or tetanus vaccine and/or immunoglobulin needed?

No

Is OR closure or debridement warranted?

No

• Administer topical anesthetic (e.g., lidocaine, EPINEPHrine, and tetracaine) x 20 min  
 • Debridement if necessary  
 • Irrigation with tap water  
 • Administer vaccine and/or immunoglobulin if indicated

Is bedside closure warranted?  
*Determination made at discretion of clinician*

• Bacitracin application  
 • Dressing

Need for admission?

Follow-up with provider to evaluate healing and possible [suture removal](#)

Yes

• For acute injury, admit to surgical service  
 • For IV antibiotics only or complex medical history, admit to Gen Peds



QR code for mobile view

### \*Human bite considerations

- Need for involvement of SCAN, Social Work, forensic photos
- If abuse is suspected, refer to [Child Physical Abuse Clinical Pathway](#)
- Consider risk factors for hepatitis, HIV ([see Vaccine/Immunoglobulin table](#))

### Bedside vs. OR closure considerations

- Severity of injury
- Necessary level of sedation
- Length of procedure
- Involvement of multiple sub-specialists
- Wound complexity
- Consider safety of ED sedation / American Society of Anesthesiologists (ASA) Physical Status Classification

### Bedside closure considerations:

- Close facial wounds to improve cosmetic outcomes
- Due to increased infection risk, avoid:
  - Use of medical glue
  - Sutures for puncture wounds
  - Closing extremity lacerations after 12 hours
  - Use of deep sutures except for large, gaping wounds
- Ensure closure is loosely approximated to achieve hemostasis, improve time to healing and help with cosmetic outcomes

### State Public Health Rabies exposure forms

- Complete appropriate regional forms as indicated
  - [Missouri](#)
  - [Kansas](#)