

Tetanus

Patient with clinical symptoms of tetanus

Admit to ICU

Initial Prescriptions

- ATS 10,000 IU stat
 - 1st dose before antibiotics or debridement
 - Metronidazole 500mg i.v. TDS
 - MgSO₄ 5g IV STAT (slowly) (or 75mg/kg)
 - MgSO₄ 2.5g IV 2 hourly
 - Diazepam 20mg IV TDS
 - Midazolam 5mg IV PRN for break through spasms
 - DVT / stress ulcer prophylaxis
 - IV fluids (see below)
- *use weight-based dosing in children <15 years old*

Consider

- If patient has severe spasms:
→Phenobarbitone 120mg IV BD
- If RBG is > 10 mmol/l
→ Insulin Sliding Scale
- If patient has fever
→Paracetamol 1g po TDS
- If patient has severe pain
→Diclofenac 50mg po TDS
→ Morphine 5mg IV 6 hourly
- In case of autonomic dysregulation consider propranolol or clonidine

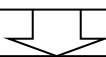
Monitoring

- Patella reflexes initially and then 6 hourly (Magnesium toxicity)
- Initial Lab: HIV rapid test, RBG, FBP, Creatinine, urine dipstick



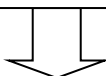
Wound care

- Alert surgeon for immediate and radical wound debridement
- Keep wounds open and clean



Airway Management

- Early intubation if airway is compromised
- Consider early tracheotomy in case of laryngospasm or heavy secretion
- **Keep NPO for first 48 hours and do not place NG tube!**

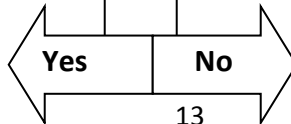


Prevent renal failure

- If urine is dark, reddish or inappropriate amount give 2 L NS immediately and prescribe 4L DNS or RL/24 hours

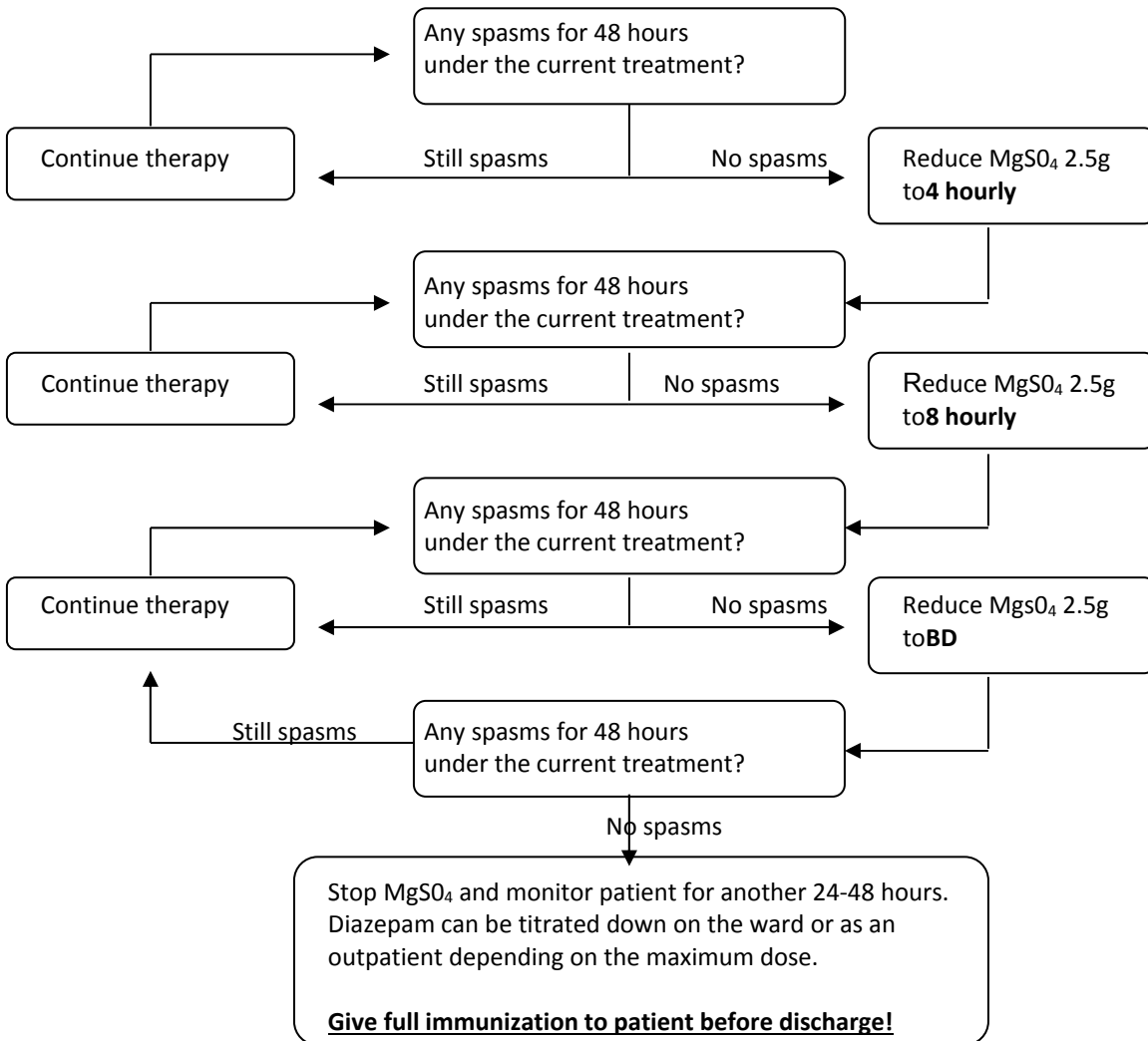
Spasms controlled within 4 hours?

Continue Therapy



1. Stop the Mag bolus regime
2. Start infusion pump with 2g/h continuously IV
3. Reassess the patient
4. If still spasms, increase Diazepam dose (to maximum 40mg 4 hourly for adults)

Tetanus - Further management



Ablett classification of Tetanus

- **Mild:** mild to moderate trismus, general spasticity, no respiratory embarrassment, no spasms, little or no dysphagia.
- **Moderate:** moderate trismus, marked rigidity, mild to moderate but short spasms, mild tachypnea with an \uparrow RR>30, mild dysphagia.
- **Severe:** severe trismus, generalised spasticity, reflex prolonged spasms, \uparrow RR>40, apneic spells, severe dysphagia, tachycardia > 120.
- **Very severe:** grade III & violent autonomic disturbances involving the CVS. severe HTN & tachycardia alternating with relative hypotension & bradycardia, either of which may be present.