Hydrophobia is a cardinal sign of a rabies diagnosis. The diagnosis is confirmed by skin biopsy, and antibodies may be detected 7 to 8 days after the onset of clinical symptoms (Crowcroft and Thampi, 2015).

Therapeutic Management

Treatment is of little avail after symptoms appear, but the long incubation period allows time for the induction of active and passive immunity before the onset of illness. The current therapy for a rabid animal bite consists of three steps: (1) thorough cleansing of the wound with soap and water, suturing of the wound should be avoided whenever possible; (2) administration of rabies vaccine; and (3) administration of rabies immunoglobulin. The rabies vaccine and immunoglobulin should be initiated as soon as possible after exposure. The rabies vaccine consists of four doses administered intramuscularly at days 0, 3, 7, and 14 but can be stopped if the animal remains healthy throughout the 10-day observation period or is proved to be negative for rabies by a reliable laboratory (Crowcroft and Thampi, 2015). Rabies immunoglobulin is administered locally at the wound and provides passive antibodies at the site of exposure. Rabies immunoglobulin is given once within 7 days after the first vaccine dose before the child develops an active immune response (Crowcroft and Thampi, 2015).

Nursing Care Management

Parents and children are frightened by the urgency and seriousness of the situation. They need anticipatory guidance for the therapy and support and reassurance regarding the efficacy of the preventive measures for this dreaded disease. The vaccine is well tolerated by children, although they need preparation for the series of injections. Mass immunization is unnecessary and unlikely to be implemented. In areas where rabies is rare, the schedule given is sufficient. However, certain circumstances may warrant pre-exposure vaccination, such as when a child is being taken to an area of the world where rabies in stray dogs is still a problem.

Reye Syndrome