Safety Alert

Tetanus immunoglobulin (TIG) and tetanus toxoid are always administered via the intramuscular route in separate syringes and at separate sites; they are never administered by the intravenous (IV) route.

Aggressive supportive care is necessary to treat tetanus in the acute phase. The acutely ill child is best treated in an intensive care facility where close and constant observation and equipment for monitoring and respiratory support are readily available.

General supportive care is indicated, including maintaining an adequate airway and fluid and electrolyte balance, managing pain, and ensuring adequate caloric intake. Indwelling oral or nasogastric feedings may be required to maintain adequate fluid and caloric intake; continued laryngospasm may necessitate total parenteral nutrition or gastrostomy feeding. Severe or recurrent laryngospasm or excessive secretions may require advanced airway management, such as endotracheal intubation or tracheotomy.

TIG therapy to neutralize toxins is the most specific therapy for tetanus. Local care of the wound by surgical debridement and cleansing helps reduce the numbers of proliferating organisms at the site of injury. The cleansing should be repeated several times during the first 48 hours, and deep, infected lacerations are usually exposed and debrided. Infiltration of the wound with TIG is no longer considered necessary (American Academy of Pediatrics, Committee on Infectious Diseases, and Pickering, 2012).

Diazepam is the drug of choice for seizure control and muscle relaxation (Arnon, 2016a), but lorazepam (Ativan) may be used in some cases. Intrathecal baclofen, IV magnesium sulfate, dantrolene sodium, and midazolam may also be used in the management of muscle spasticity associated with tetanus. Patients with severe tetanus and those who do not respond to other muscle relaxants may require the administration of a neuromuscular blocking agent, such as rocuronium or vecuronium; intrathecal baclofen may be used as a muscle relaxant but only in the intensive care unit, because it often induces apnea. Because of their paralytic effect on respiratory muscles, use of these drugs requires mechanical ventilation with endotracheal intubation or tracheotomy and