

Animal Bites	
Clinical Presentation	<ul style="list-style-type: none"> • Dog: abrasions, lacerations, puncture wounds, tissue avulsion, or crush injuries • Cat: abrasions, scratches, lacerations, or deep puncture wounds • Human: bruising, abrasions, lacerations in pattern of human teeth; in adolescents, often occur with closed-fist injury • Snake: varies by species, fang marks with evidence of local envenomation (redness, swelling, oozing) or venom spreading (lymphadenopathy, remote swelling, systemic toxicity) • Rodent: similar to cat injuries
Workup	<ul style="list-style-type: none"> • Wound cultures are not indicated in clinically uninfected bite wounds • Gram stain, aerobic/anaerobic wound Cx from the depth of an infected puncture or laceration • Aerobic/anaerobic BCx in patients with an infected bite wound and evidence of systemic infection • Plain films to identify bone or joint disruption in deep bite wounds, or to identify subcutaneous gas and/or bony/soft tissue changes if wound is infected • Head CT for deep bite wounds to the scalp, especially in children <2 yrs of age • For snake bites, urgently consult Poison Control (1-800-222-1222) and toxicology
Management and Treatment	<p>Wound care</p> <ul style="list-style-type: none"> ■ Control bleeding, assess neurovascular status ■ Apply local anesthetics for cleaning and closure ■ Clean with 1% povidone iodine or 1% benzalkonium chloride and irrigate with copious amounts of saline ■ Primary closure (laceration repair) if: <ul style="list-style-type: none"> • Dog bite or other cosmetically important bite (face) • Clinically uninfected • <12 hours old on body, <24 hours old on face • NOT located on hand or foot • Sutures needed for hemostasis ■ Secondary closure (no repair) for all other bite wounds (i.e. cat or human, puncture wounds, and wounds in immunocompromised hosts) ■ Do NOT use adhesive to close bite wounds <p>Antibiotic prophylaxis if >8 hours old, deep, crush injury, IC host, face/hand/genitalia wound, close to bone/joint, wound requires closure:</p> <ul style="list-style-type: none"> ■ PO: Augmentin, ■ IV: Unasyn, Zosyn, TMP-SMX+clindamycin ■ Human: 5-7 days*** ■ Cat/dog: 7-10 days*** <p>Assess tetanus status</p> <ul style="list-style-type: none"> ■ Give tetanus Ig+toxoid if <2 primary immunizations ■ Give tetanus toxoid if completed primary series but no booster >5 years <p>Rabies prophylaxis for bites by wild animals or if high prevalence of rabies</p>

Brief Resolved Unexplained Event (BRUE)	
Sources	BCH EBG (BRUE), CHOP Clinical Pathway
Presentation	<p>Report of 1 or more of the following symptoms that are now resolved:</p> <ul style="list-style-type: none"> ■ Cyanosis or pallor ■ Absent, decreased, or irregular breathing ■ Marked change in tone ■ Altered level of responsiveness
Workup	<ul style="list-style-type: none"> • History of eye deviation, responsiveness, rhythmic movements → consider Neurology consult • New murmur → EKG, CXR → if abnormal, consult cardiology • Family history of long QT syndrome, sudden cardiac or unexplained death in 1st or 2nd degree relative before age 35, unexplained drowning or car accident, sibling with h/o SIDS, ALTE, or BRUE → EKG → if abnormal, consult cardiology • History of paroxysmal cough, pertussis exposure → CBC, pertussis PCR • Weight concern → further workup for FTT as indicated • NAT concern → see Suspected Child Abuse section