**Tetanus**

**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 of inappropriate amount give 2 L NS immediately and prescribe 4L DNS or RL/24 hours

**Spasms controlled within 4 hours?**

**Continue Therapy**

**Yes**
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)

**No**

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Tetanus - Further management

Any spasms for 48 hours under the current treatment?  

Continue therapy  

Still spasms  

No spasms  

Reduce MgSO₄ 2.5g to 4 hourly

Continue therapy  

Still spasms  

No spasms  

Reduce MgSO₄ 2.5g to 8 hourly

Continue therapy  

Still spasms  

No spasms  

Reduce MgSO₄ 2.5g to BD

Any spasms for 48 hours under the current treatment?  

Stop MgSO₄ and monitor patient for another 24-48 hours. Diazepam can be titrated down on the ward or as an outpatient depending on the maximum dose.  

Give full immunization to patient before discharge!

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 ↑ RR>30, mild dysphagia.
- **Severe**: severe trismus, generalised spasticity, reflex prolonged spasms, ↑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.