3.16 Standing Order for supply of Tetanus Toxoid

TITLE	Standing order for Tetanus Toxoid
Trade Name(s)	*Tetanus toxoid is only available in combination with other antigens.* Adacel (Diphtheria toxoid + Tetanus toxoid + Pertussis vaccine), ADT (Diphtheria toxoid + Tetanus toxoid), Boostrix (Diphtheria toxoid + Tetanus toxoid + Pertussis vaccine), Tripacel Injection (Diphtheria toxoid + Tetanus toxoid + Pertussis vaccine)
Presentation [1]	0.5mL in needleless prefilled syringe for injection
Indication	• All wounds in patients that have not had a booster in the last 10 years • All wounds other than clean minor cuts in adults who have not received a booster in the last 5 years • All wounds where vaccination history is uncertain or less than 3 doses of tetanus toxoid. *Ensure this is noted on discharge paperwork. The patient will require further immunoglobulin as part of routine follow-up*. (see table below)
Contraindications[1]	Previous anaphylaxis following a previous dose of tetanus-containing vaccine or any vaccine. Consider Tetanus Immunoglobulin (TIG) TIG for tetanus prone wounds for persons with history of severe adverse event following tetanus vaccination
Precautions[1]	Observe patient until at least 15 minutes post administration for development of allergic type reactions. Notify medical officer immediately if allergic type symptoms develop
Dose[1]	0.5mL of a tetanus-containing vaccine in combination with diphtheria toxoid. Refer to medication packaging for specific dosages
Dose frequency[1]	Once only
Administration[1]	**To be administered in hospital only.** Shake thoroughly before use. 0.5mL given as a slow intramuscular injection
Storage	Refrigerate, store between +2^{0}C to +8^{0}C and according to *The National Vaccine Storage Guidelines Strive for 5 (2013)*. Store out of patient and public access, preferably in a locked room or a locked cabinet securely attached to the wall or floor – see PD2013_043.
Adverse effects[1]	Pain, redness and swelling at the injection site are common. Headache, malaise, myalgia and fever are uncommon. Anaphylaxis, urticaria and peripheral neuropathy are rare. Brachial neuritis is very rare.
Nursing Accreditation Requirements	An RN whose competency to practice Nurse Delegated Emergency Care and to comply with this Standing Order has been assessed and approved by a *Local Facilitator,* in accordance with the NDEC Education and Accreditation Framework.
Documentation	*Record specific medication trade name and batch number in notes and in discharge letter (will allow GP to update Patient Healthcare Record)* Administration record is to be documented by the administering nurse. Document on the "once only" section of the appropriate medication chart The record of administration must be checked and countersigned by a medical officer within 24 hours of initial administration

Related Documents	Guide to tetanus prophylaxis in wound management (The Australian Immunisation Handbook, 10th Edition, 2013) (see Table 1 below) NDEC Nurse Management Guideline: Foreign Body http://www.ecinsw.com.au/node/271 NDEC Nurse Management Guideline: Insect Bites and Stings http://www.ecinsw.com.au/node/272 NDEC Nurse Management Guideline: Marine Creatures http://www.ecinsw.com.au/node/283

Local Standing Order Authorisation:

Date approved by _____ LHD Drugs and Therapeutics Committee: **Review Date:**	**Medical Officer Name:** **Signature:**

Table 1: Guide to tetanus prophylaxis in wound management *(Australian Immunisation Handbook)*

Time since vaccination	Type of wound	Tetanus toxoid vaccine [NB1]	Tetanus immunoglobulin
History of 3 or more doses of tetanus toxoid vaccine			
less than 5 years	all wounds	no	no
5 to 10 years	clean minor wounds	no	no
	all other wounds	yes	no
greater than 10 years	all wounds	yes	no
Uncertain vaccination history or less than 3 doses of tetanus toxoid vaccine			
	clean minor wounds	yes	no
	all other wounds	yes	yes
NB1: Tetanus toxoid is available only in combination with other antigens.			

[1] The drug information provided is to act as a guide only, for further information reference should be made to the full product info available on MIMS or the Australian Medicines Handbook <accessible in NSW Health facilities via CIAP: > If contraindications, precautions or interactions are present refer to MO before administration