California Correctional Health Care Services

Institution: _____ **Encounter Form: Tetanus**

Name:_____ CDC#_____ DOB_____ Date/Time _____

Fill in the blanks and check all that apply

SUBJECTIVE:

- ❑ Assess patient's previous tetanus immunization history.
- ❑ Assess for history of previous reaction to vaccination.
- ❑ If pregnant: First determine the date of the last menstrual period and calculate the trimester. Consult a physician before giving any tetanus prophylaxis to a pregnant patient.. Note: Pregnant women may receive tetanus immunization during the second and third trimester if necessary and on the direct order of a physician

OBJECTIVE:

- ❑ Examine wound for the presence of foreign bodies and/or debris.
- ❑ Determine if the wound meets the criteria of a tetanus-prone wound as described in the above definition

ASSESSMENT:

- ❑ Altered skin integrity evidenced by/related to ___ _____
- ❑ Risk for systemic infection evidenced by/related to: _____

PLAN:

Administer tetanus prophylaxis according to the attached guidelines:

- ❑ Shake vial or prefilled syringe containing Tetanus-Diphtheria Toxoid vigorously to suspend contents. Solution should be white; if is not white DO NOT use.
- ❑ Administer:
  - ❑ TD = Tetanus-Diphtheria Toxoid. Standard dose is 0.5 ml given intramuscularly into the deltoid muscle. Administer Tetanus-Diphtheria Toxoid 0.5 ml via deep intramuscular injection, preferably in the deltoid muscle. Use a 1 to 1 ½ inch, 20 to 25-gauge needle.
  - ❑ TIG = Tetanus Immune Globulin. Standard dose is 250 Units intramuscularly. Use a separate needle, syringe, and injection site to administer Tetanus Immune Globulin
- ❑ Advise patient that he/she may experience redness, pain, or soreness at injection site. These symptoms will disappear within a few days.
- ❑ Document the date, time, name of the medication, dose, route, and site of administration on the emergency care flow sheet..

EDUCATION:

- ❑ Assess patient's potential for understanding the health information to be provided.
- ❑ Provide patient education consistent with the assessment of the condition.
- ❑ Evaluate the patient's level of understanding and document all patient education on the encounter form or a progress note.
- ❑ Refer patient to other resources as needed. Document all referrals on the nursing protocol encounter form.
- ❑ Resubmit a Health Care Service Request Form (CDC 7362) if: symptoms of epistaxis reoccurs or condition deteriorates: _____

DISPOSITION

Time released: _____

Condition on release: _____

- ❑ Returned to housing unit
- ❑ Housing reassignment to: _____
- ❑ Referred for follow-up
  - ❑ Physician clinic ❑ RN clinic
- ❑ Referred to higher level of care: (specify) _____ _____

Person/time contacted: _____

Time/Mode of transfer: _____

ERV contacted (time) _____

ERV arrived (time) _____

Additional comments: _____ _____ _____

List name(s) of RN Protocol used: _____ _____

_____

Signature / Title

1. Disability Code:	2. Accommodation:	3. Effective Communication:
☐ TABE score ≤ 4.0	☐ Additional time	☐ P/I asked questions
☐ DPH ☐ DPV ☐ LD	☐ Equipment ☐ SLI	☐ P/I summed information
☐ DPS ☐ DNH	☐ Louder ☐ Slower	**Please check one:**
☐ DNS ☐ DDP	☐ Basic ☐ Transcribe	☐ Not reached* ☐ Reached
☐ Not Applicable	☐ Other*	*See chrono/notes

4. Comments: _____