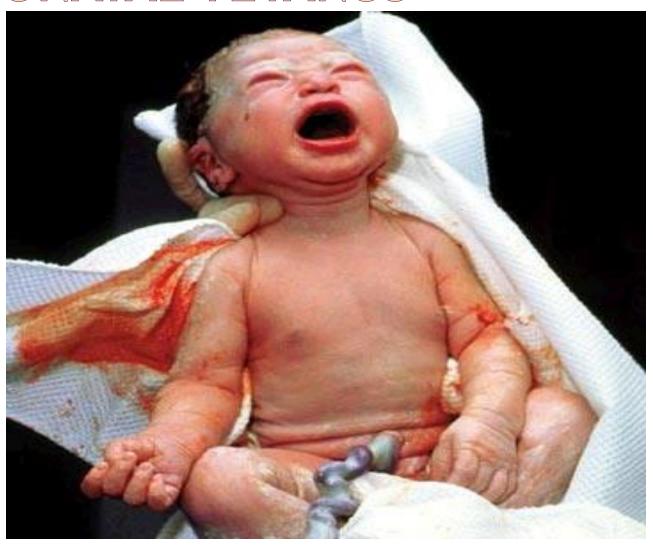
NEONATAL TETANUS CAROLINE L. MRAMBA

OUTCOME:

Manage a baby with Neonatal Tetanus

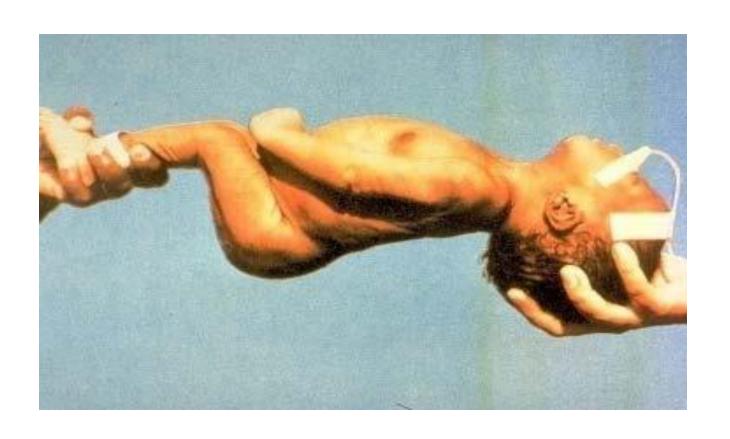
NEONATAL TETANUS



OBJECTIVES

- Define neonatal tetanus (case definition)
- Describe the features
- Outline the risk factors
- State the investigations
- Explain the treatment

NEONATAL TETANUS



NT

- His body is rigid.
- Infection can occur when the newly cut umbilical cord is exposed to dirt.
- Most newborns who get tetanus die

N. T

- Begins in neonatal period3-10/7
- Is generalized type
- Follows contamination of umbilical stamp during delivery, associated with high mortality

HISTORY

- H/O a newborn who was able to breast feed suddenly develops inability to breast feed, lock jaw, spasms, seizures & death
- h/o un sterile cutting of the cord or
- Rx of stamp with cow dung

PREVENTION

- Tetanus toxoid to all pregnant women
- Education on hygiene
- Appropriate cord care

MNX

- Sedate baby by
- •Phenobarbitone 15mg/ kg start
- Diazepam 0.2mg/kg over 3 minutes. Repeat every 30 min x 3 doses
- Do not exceed 2mg/kg/24hrs
- Clean cord thoroughly
- Pass a NGT for feeding

SUBSEQUENT CARE

- •Nurse the baby in a quiet dark room
- Avoid too much handling
- Keep umbilical cord clean & dry
- Paint cord with povidine iodine or spirit
- Feed EBM through NGT
- Phenobarbitone 5mg/ kg/ day in 2 doses

- Antibiotics iv crystalline penicillin 100 000u/kg/day in 2 doses
- •Monitor v/s watch resp.
- Counsel the mother.
- Refer to ICU
- Immunize baby after recovery.