A terrible loss, never forgotten

I don't mind being a "nag" — I know what can happen

By CHERYL A. SCHULZ

If you're involved in your company's wellness clinics, pre-employment physicals or other health functions, make tetanus vaccination part of your package. Keep track of employee vaccinations and when the eight- to nine-year mark is on the horizon, start the reminders.

It gives you peace of mind. If an employee has a "dirty" puncture or minor wound that he or she doesn't report, and doesn't treat, you'll know the tetanus vaccination is up-to-date and won't lead to a catastrophic medical emergency.

I've witnessed that catastrophe. Once was enough! My memory of the victim and her family left a picture in my soul. I made it a personal goal — if I was ever in a position to make a difference in adult vaccination, I'd do it.

My coworkers don't call me a "nag" for nothing. I don't mind, because I know what can happen.

A dark room

It was early, 6:00 a.m., the year 1970. The hospital's "blood suckers" came to draw blood samples for the first run of the day for the clinical laboratory. We gathered up our drawing box and sorted out which of us would take which floors.

That morning there was a lot of hushed chatter on the third floor. At the end of the hall it was darkened, which was unusual. Signs said "Quiet" around Room #310. The door was ajar and the blinds were drawn.

Curiosity got the better of me and I peeked in. Tucked in the single bed was an attractive lady in her 50s lying quietly in the darkened room. There was an I.V. running and she appeared to be asleep.

I decided that before entering #310 it would be a good idea to know what kind of problem required a darkened room and a "Quiet" sign. The R.N. said the patient was diagnosed with tetanus. It was very important that we keep all activity as quiet as possible to prevent stress that could trigger muscle spasm. She was being treated with massive amounts of antitoxin (tetanus immune globulin and antibiotics), and it was hoped that the disease could be neutralized.

She had complained of muscle pain in the neck and jaw. After some prodding she saw her family physician. There were no signs of recent injury anywhere on her body, but a family member knew she had a great love of gardening and it was assumed that she had received a puncture wound while working in the dirt. That's how the tetanus spore was introduced into her system. The diagnosis had been confirmed and she was under mild sedation to keep her calm.

Lasting impression

After I had completed my rounds, I went back to the lab and asked the pathologist to brief me on tetanus. What was disturbing was that, after the five DPT shots that are routinely given as childhood vaccinations, adolescents, teenagers and adults usually fail to keep up with the recommended tetanus boosters every ten years.

The next day, the patient in #310 was on my draw list. I quietly approached the room and told her what I was going to do. I didn't know if she was aware of me. She looked dramatically different than the day before. Her jaw muscles were contracting, as were her hands and wrists. Her back had some bowing and she looked like she was in severe pain. I saw the tears in her eyes and I knew at that point that she was somewhat aware of what was happening to her. I felt so sad for her and her family.

Tetanus can occur in the most trivial injury that would not require a doctor or emergency room visit.

There was a noise in the hall, and at that moment she started to experience a muscle spasm that I thought would break her in two. I called for the nurse and she increased the sedative. That small noise was her husband and children coming to be with her. They would not be allowed in — she was incontinent and having trouble with her swallowing. Her final muscle spasm had caused multiple small fractures in her back.

She passed away that evening due to respiratory arrest and heart failure. Her family was absolutely devastated.

Keep it up

It doesn't take something dramatic to get tetanus. It can occur in the most trivial injury that would not require a doctor or emergency room visit. That's why it's so important to keep up with your adult ten-year boosters.

I'm proud to say that 99.9 percent of the employees that I presently work with are protected and I'm still working on the one or two who should be immunized. | ISHN

Tetanus primer

Tetanus is caused by the toxin of the bacterium Clostridium Tetani. Spores of this bacterium live in the soil. In the spore form, C. Tetani may remain dormant in the soil, and can remain infectious for more than 40 years.

Tetanus causes approximately five deaths in the U.S. every year. Internationally, reports indicate up to one million cases annually, mostly in developing countries.

When spores are introduced into a wound, they germinate, releasing active bacteria that multiply and produce a neurotoxin called tetanospasmin. This neurotoxin selectively blocks nerve transmission from the spinal cord to the muscles, allowing the muscles to go into severe spasm.

Tetanus often begins with mild spasms in the jaw (trismus), neck and facial muscles. Stiffness rapidly develops in the chest, back, abdominal muscles and sometimes the laryngeal muscles. Muscular seizures (tetany) cause sudden, powerful and painful contraction of muscle groups.

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