

# Infiltrating wounds with Rabies Immunoglobulin (RIG)

**RIG must be infiltrated in and around all wounds using as much of the calculated dose as possible.**

Wounds to fingers and hands may be small, especially if the wounds are from bats. Infiltrating these wounds with RIG is likely to be both technically difficult and painful for the recipient. However, because fingers and hands have extensive nerve supply, it is important to infiltrate as much of the calculated dose of RIG as possible using either a 25 or 26 gauge needle.

To avoid compartment syndrome, infiltrate the RIG very gently. It should not cause the adjacent finger tissue to go pale or white. It may be necessary to give a ring block using a local anaesthetic.

If the wounds are severe and the calculated volume of RIG is not enough to completely infiltrate all wounds (such as extensive dog bites in a young child), dilute the RIG in saline to make up an adequate volume to carefully infiltrate all wounds.

Any remaining RIG that cannot safely be infiltrated in and around the wound should be given intramuscularly at a site away from the rabies vaccine injection site. Depending on the volume, this could be in the alternative deltoid, lateral thigh or gluteal muscle.

The RIG dose should all be given intramuscularly if there is no obvious wound or site to infiltrate — for example, for mucous membrane exposures.

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