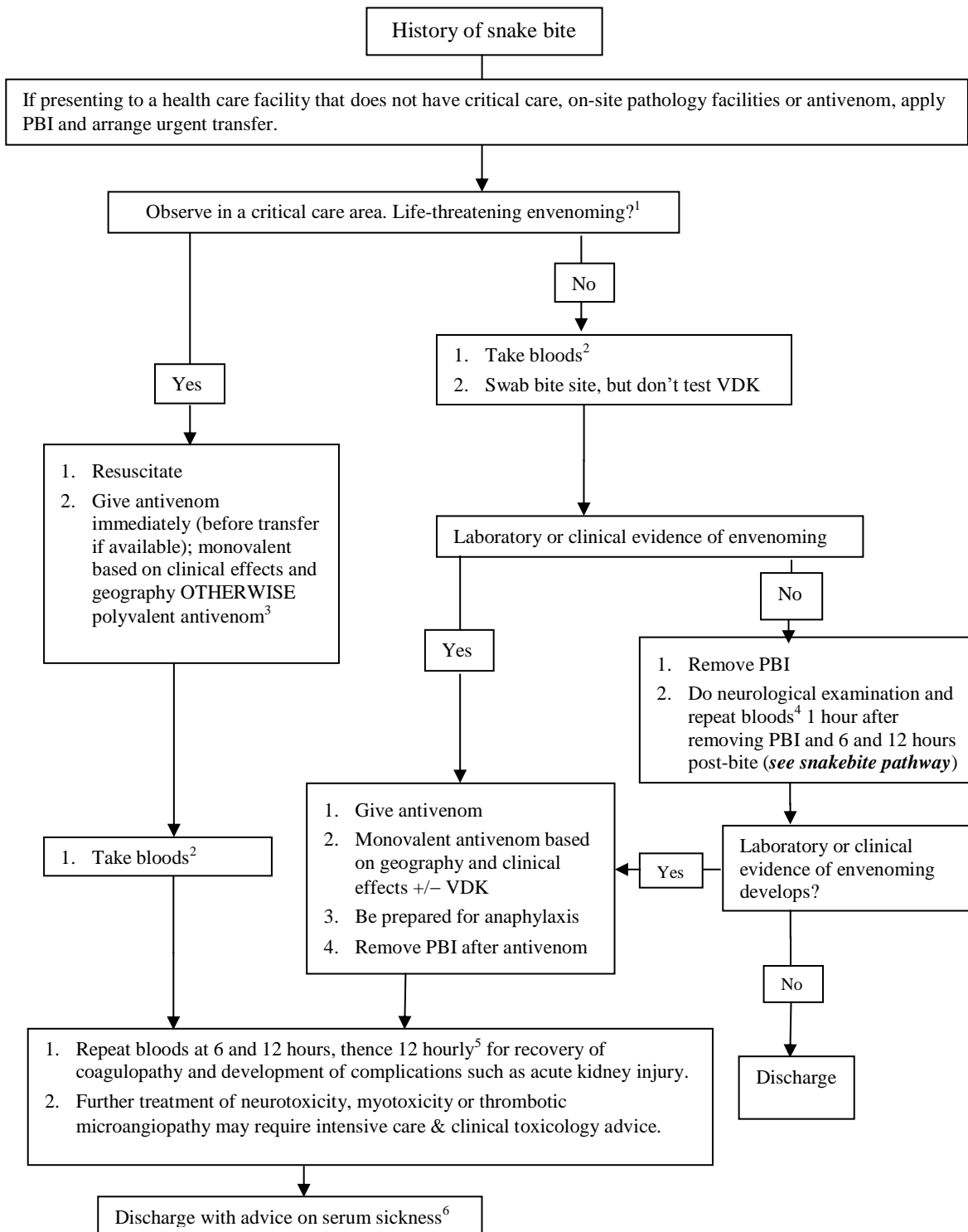


## Summary of snake bite management



<sup>1</sup> Cardiac arrest, respiratory failure secondary to paralysis, major haemorrhage (intracranial, major gastrointestinal or other life-threatening bleeding).

<sup>2</sup> Blood tests—coagulation screen (INR, aPTT, D-dimer, fibrinogen); FBC & blood film; EUC, CK, LDH

<sup>3</sup> In some regions brown + tiger snake monovalent is sufficient to cover all snakes.

<sup>4</sup> Serial blood tests in non-envenomed patients: INR (or PT), aPTT, CK.

<sup>5</sup> Serial blood tests in envenomed patients: INR (or PT), aPTT, CK, FBC, EUC.

<sup>6</sup> Any patient given antivenom needs advice on discharge about possibility of serum sickness occurring 4 to 14 days later.

**SUSPECTED SNAKEBITE: CLINICAL PATHWAY**

**SUSPECTED AND CONFIRMED SNAKE BITE:** all cases should be observed with serial blood testing for 12 hours to exclude severe envenoming using the following pathway.

Date \_\_\_\_\_ MRN: \_\_\_\_\_

Initial for YES

INTERVENTION /OUTCOME	INITIAL
Patient presented at _____ hrs. Pressure bandage with immobilisation (PBI) in situ.	
<b>Pathology taken on admission for:</b> Coagulation tests (INR <sup>1</sup> , aPTT, quantitative D-Dimer), FBC,UEC,CK,VDK <sup>2</sup>	
Pathology results reviewed within one hour and are within normal limits. The patient has no signs of neurotoxicity (ptosis, bulbar, respiratory or distal paralysis) <sup>3</sup> <b>IF</b> pathology results are abnormal, OR neurotoxicity develops, <i>exit pathway, admit patient and treat; see guidelines</i> <sup>4</sup>	
Remove pressure bandage and immobilisation; observe for any clinical evidence of envenoming.	
<b>Repeat bloods 1 hour post- bandage removal :</b> INR, aPTT and CK	
Pathology results are within normal limits. The patient has no signs of neurotoxicity (ptosis, bulbar, respiratory or distal paralysis)** <b>IF</b> pathology results are abnormal OR neurotoxicity develops, <i>exit pathway, admit patient and treat; see guidelines</i>	
<b>Repeat bloods 6 hours post-bite (unless already &gt;6h):</b> INR, aPTT and CK	
Pathology results are within normal limits. The patient has no signs of neurotoxicity. <b>IF</b> pathology results are abnormal OR neurotoxicity develops, <i>exit pathway, admit patient and treat; see guidelines</i>	
<b>Final Bloods at 12 hours post-bite<sup>5</sup>:</b> INR, aPTT and CK	
Pathology results are within normal limits. The patient has no signs of neurotoxicity. Patient can be discharged. <b>IF</b> pathology results are abnormal OR neurotoxicity develops, <i>exit pathway, admit patient and treat; see guidelines</i>	
<sup>1</sup> Only laboratory based INR should be done, point of care testing is unreliable and gives false negatives. <sup>2</sup> A bite swab may be collected and stored; only test if there are any signs of envenoming <sup>3</sup> Neurotoxicity can be subtle and it is important to include both looking for ptosis and assessing for fatigue (eyelid droop from failure to maintain an upward gaze) <sup>4</sup> Consult treatment guidelines (e.g. Therapeutic Guidelines) or <i>call Poisons Information Centre (131126)</i> <sup>5</sup> For the unusual circumstances where the PBI remains on for > 6h, a final set of bloods and neurological	

examination should be done 6 hours after PBI removal.