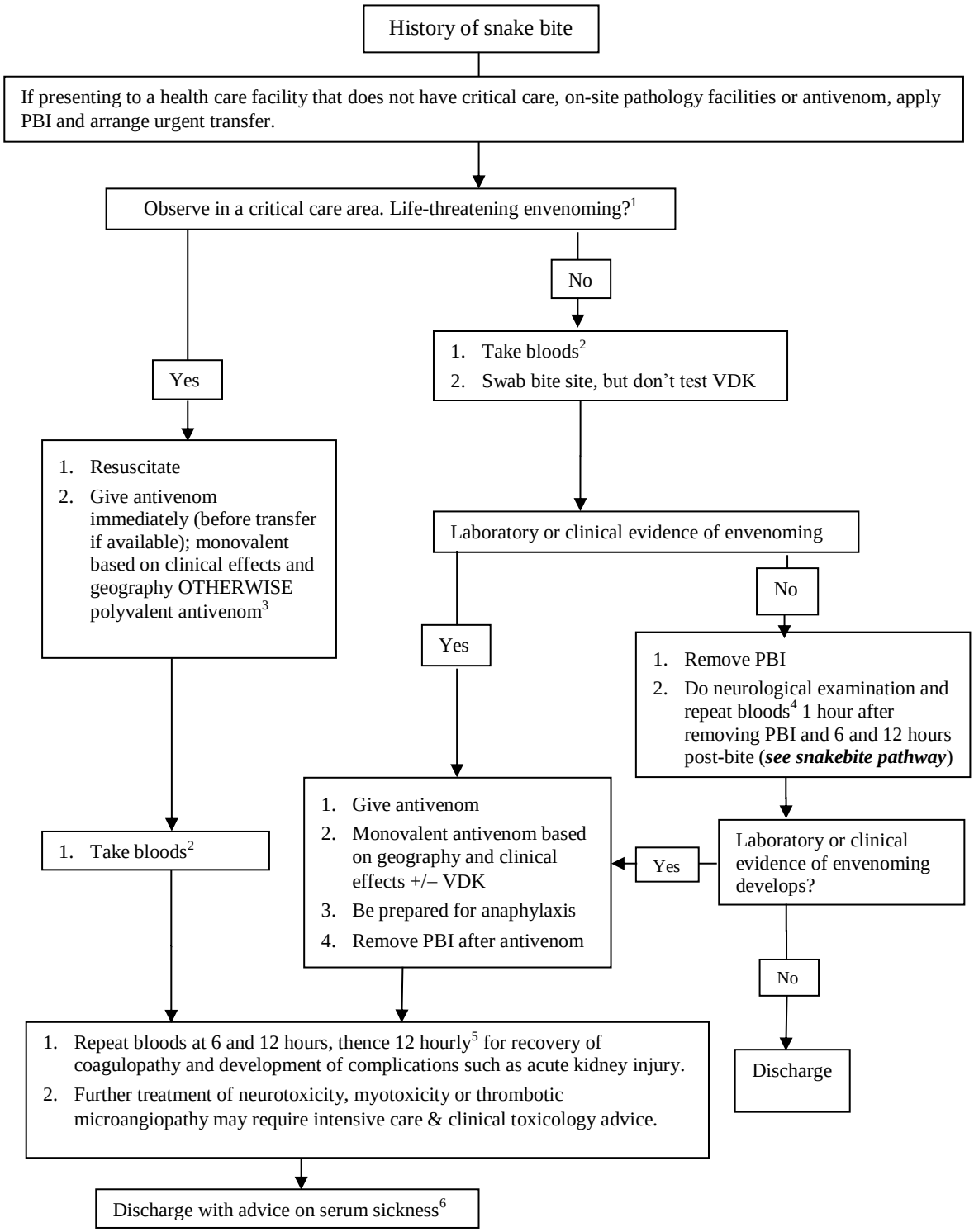
Summary of snake bite management



[1] Cardiac arrest, respiratory failure secondary to paralysis, major haemorrhage (intracranial, major gastrointestinal or other life-threatening bleeding).
[2] Blood tests–coagulation screen (INR, aPTT, D-dimer, fibrinogen); FBC & blood film; EUC, CK, LDH
[3] In some regions brown + tiger snake monovalent is sufficient to cover all snakes.
[4] Serial blood tests in non-envenomed patients: INR (or PT), aPTT, CK.
[5] Serial blood tests in envenomed patients: INR (or PT), aPTT, CK, FBC, EUC.
[6] Any patient given antivenom needs advice on discharge about possibility of serum sickness occurring 4 to 14 days later.

Australian **S**nakebite **P**roject

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.	
Pathology taken on admission for: Coagulation tests (INR[1], aPTT, quantitative D-Dimer), FBC,UEC,CK,VDK[2]	
Pathology results reviewed within one hour and are within normal limits. The patient has no signs of neurotoxicity (ptosis, bulbar, respiratory or distal paralysis)[3] **IF** pathology results are abnormal, OR neurotoxicity develops, ***exit pathway, admit patient and treat; see guidelines***[4]	
Remove pressure bandage and immobilisation; observe for any clinical evidence of envenoming.	
Repeat bloods 1 hour post- bandage removal : INR, aPTT and CK	
Pathology results are within normal limits. The patient has no signs of neurotoxicity (ptosis, bulbar, respiratory or distal paralysis)** **IF** pathology results are abnormal OR neurotoxicity develops, ***exit pathway, admit patient and treat; see guidelines***	
Repeat bloods 6 hours post-bite (unless already >6h): INR, aPTT and CK	
Pathology results are within normal limits. The patient has no signs of neurotoxicity. **IF** pathology results are abnormal OR neurotoxicity develops***, exit pathway, admit patient and treat; see guidelines***	
Final Bloods at 12 hours post-bite[5]: INR, aPTT and CK	
Pathology results are within normal limits. The patient has no signs of neurotoxicity. Patient can be discharged. **IF** pathology results are abnormal OR neurotoxicity develops***, exit pathway, admit patient and treat; see guidelines***	

[1] Only laboratory based INR should be done, point of care testing is unreliable and gives false negatives.
[2] A bite swab may be collected and stored; only test if there are any signs of envenoming
[3] 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)
[4] Consult treatment guidelines (e.g. Therapeutic Guidelines) or ***call Poisons Information Centre (131126)***
[5] 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.