

# Possible snake envenomation

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**Assess patient**

- Mark leading edge of swelling/tenderness every 30 minutes
- Immobilise and elevate extremity
- Analgesia (IV opiates)
- Obtain initial labs (FBC, Clotting screen, FDPs)
- Update tetanus vaccine
- Contact NPIS in Beaumont (or USA on 0018002221222)
- Call your EM consultant NOW

2

**Check for signs of envenomation**

- Swelling, tenderness, ecchymosis or blebs as bite site
- ↑ PT/INR, ↓ fibrinogen or platelets
- Systemic ( ↓BP, bleeding, D&V, angioedema, neurotoxicity)

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**Check for progression of clinical effects**

- Swelling that is more than minimal or progressing or
- ↑ PT/INR, ↓ fibrinogen or platelets
- Any systemic signs

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**Administer CroFab**

- Give IV fluids
- Paediatric CroFab dose = adult dose
- Infuse 4-6 vials of CroFab in 250ml saline over 1 hour
  - For patients in shock or serious bleeding contact NPIS
  - For adverse Rxn: hold infusion, treat accordingly
- Assess response to CroFab in 1 hour

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**Initial control of evenomation achieved?**

- Inflammation not progressing
- PT/INR, fibrinogen & platelets normal (or improving)
- Clinically stable (no shock, neurotoxicity better etc.)

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**Monitor patient**

- Serial vital signs
- Maintenance CroFab indicated? (Box 9 or 13)
- Check labs (FBC/Coag/FDP) at 12 hours post control
- Monitor for 24 hours post initial control
- ADDITIONAL doses of CroFab if clinical relapse

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**Discharge criteria?**

- No progression of envenomation in 24 hours
- Normal labs (or significantly improving)

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**Post discharge planning (please see box 14)**

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**Apparent dry bite / no bite**

- Do not administer CroFab
- CDU for 8 hours
- Repeat bloods at 6 hours
- ANY signs envenomation - go to Box 2

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**Apparent minor envenomation**

- Do not administer CroFab
- Observe in CDU for 12-24 hours
- Repeat bloods prior to discharge
- ANY signs evenomation - go to Box 3

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**Repeat CroFab until initial control achieve**

If control not achieved after 2 doses of CroFab, contact NPIS

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**When to call NPIS** (high risk situations):

Life threatening evenomation:

- Shock, serious bleeding, facial / airway swelling

Hard-to-control evenomation:

- More than 2 doses CroFab to gain initial control

Recurrence or delayed onset symptoms/signs

- Worsening swelling or labs (INR/PT/Coag)

Allergic reaction to CroFab

If blood transfusion is considered

Uncommon clinical situations:

- Bites to head & neck
- Rhabdomyolysis
- Compartment syndrome
- Venom induced hives / angio-oedema

A physician expert can be contacted through the US poisons centre (0018002221222) or the CroFab manufacturer’s line (001877 377 3784).

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**Maintenance CroFab therapy**

Maintenance therapy is additional CroFab given after initial control to prevent recurrence of limb swelling

- Maintenance therapy is 2 vials of CroFab q6h x3 (given 6,12 and 18 hours after initial control)

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**Post discharge planning**

Instruct patient to return if:

- Worsening swelling
- Abnormal bleeding (gums, melena etc.)

Bleeding precautions (no contact sports/dentist/surgery) x2/52:

- Rattlesnake envenomation
- Abnormal PT/INR/Fibrinogen/Platelets at any time

Follow up visits:

- CroFab not given - PRN only
- CroFab given - see with labs (PT/INR/Fib/FBC) at day 3 and day 6

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**Treatments NOT proven to be beneficial in the Mx of Pit Viper envenomation:**

- Cutting and/or suctioning the wound
- Ice
- NSAIDs
- Prophylactic antibiotics
- Prophylactic fasciotmy
- Routine use blood products
- Steroids
- Tourniquets