MISSION AIDE MEMOIRE

SNAKE ENVENOMATION

LIKELY TASKING - Possible envenomation OR collapsed patient with suspicion for envenomation eg rural property, multipurpose centre

PRE DEPARTURE

- Contact/discuss with RLTC to request antivenom to site (iTRACC)
- Ask ACC to liaise with NSW Poisons for antivenom advice on 1300 383 156
- Take PIB (from medical store room)

BITE <4HRS: IMMEDIATE ACTIONS

- Immobilise patient
- Apply PIB (see overleaf); splint limb afterwards
- Insert 2x PIVC, ideally wide bore
- Resuscitate if necessary

RELEVANT CLINICAL INFO

- Geographical location (determines likely culprit)
- Timing of bite; symptom onset
- Sequence of events post-bite
- Number and location of bites
- Images of snake, if available

TREATMENT

Contact Poisons via ACC (**preferred**) or 1300 383 156

Administer antivenom if indicated (see below)

Expect and monitor for anaphylaxis

Analgesia - treat as usual, avoid nerve blocks (risk of bleeding)

ANTIVENOM ADMINISTRATION

- **Follow Poisons advice, if available**
- **If limited comms AND signs of envenomation (see box), administer antivenom**
- Snake unclear/unknown - usually 1 vial tiger, 1 vial brown (can co-administer)
- Dilute in 0.9% saline or Hartmann's
- Dose is the same for adult or child; dilute 1:10 ratio for adult, 1:5 for child
- Remove PIB at end of antivenom administration

TRANSPORT

To a facility with antivenom, laboratory services and critical care

This may not necessarily be a trauma centre - contact ACC if unsure

HIGH RISK OF ENVENOMATION

Witnessed/high likelihood of bite, plus any of:

- Collapse, seizure or cardiac arrest - even if apparent full recovery
- Hypotension
- Evidence of bleeding/coagulopathy
- Evidence of neurotoxicity (ptosis, muscle weakness, diplopia, slurred speech)
- Patient appears unwell with systemic symptoms (headache, nausea, vomiting, diarrhoea, abdominal pain)

In event of non-specific symptoms where patient appears well, consider delay of antivenom until discussed with toxicologist.

ANAPHYLAXIS?

- Stop antivenom temporarily
- Give O2, fluid bolus via other PIVC, consider need for IM adrenaline
- **Restart antivenom at slower rate as soon as possible**
- **If significant envenomation may need adrenaline and antivenom simultaneously**

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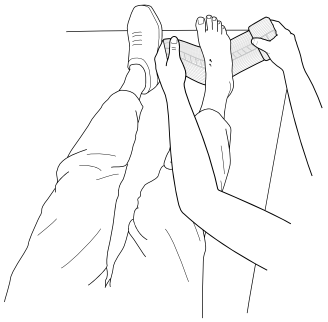
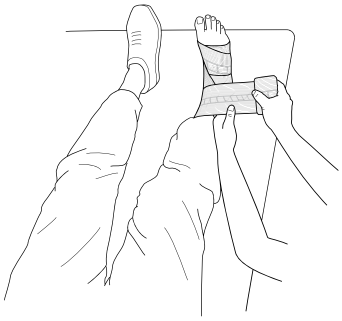
PRESSURE IMMOBILISATION BANDAGE APPLICATION

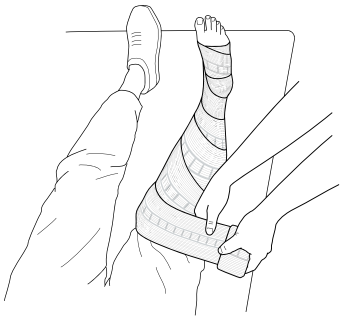
1. Apply a broad 10-15cm elasticised bandage (preferred rather than crepe) directly over the bite site. Do not remove clothing.



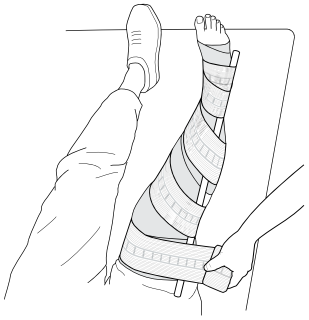
2. Wrap the bandage distally and then proximally to cover the whole affected limb. The bandage should be firm and tight. You should be unable to easily slide a finger between the bandage and the skin.



3. Extend the bandage as high as it can go on the limb, covering as much of the limb as possible.



4. Splint the limb, including joints on either side of the bite site. This can be done with an additional bandage starting distally in combination with step 3.



5. Keep the patient and limb still. Distal circulation observations are recommended.

WHEN TO REMOVE

- **If painful or causing distal swelling - loosen the bandage.** The PIB should be tight enough to give lymphatic compression, similar to bandaging for a sprain. Bandages that are too tight harm patients.
- PIB can be removed at the end of the administration of antivenom