

Clinical pathway: Suspected snake bite in Victoria

This clinical pathway applies ONLY to suspected community-acquired snake bites in patients who are not snake handlers. Specific advice regarding bites in snake handlers and from exotic snakes should be obtained from a clinical toxicologist (e.g. Poisons Centre 13 11 26).

Clinical assessment guide

Circumstances, symptoms and examination are not in isolation indications for antivenom.

See **Evidence of envenomation** section below.

Circumstances	Symptoms	Examination
<ul style="list-style-type: none">•Confirmed or witnessed bite versus suspicion that bite <i>might</i> have occurred•Were there multiple bites?•When?•Where?•First aid?•Past history?•Medications?•Allergies?	<ul style="list-style-type: none">•Headache•Nausea or vomiting•Abdominal pain•Blurred or double vision•Slurring of speech•Muscle weakness•Respiratory distress•Bleeding from the bite site or elsewhere•Passing dark or red urine•Local pain or swelling at bite•Pain in lymph nodes draining the bite area•Loss of consciousness and/or convulsions	<ul style="list-style-type: none">•Evidence of a bite / multiple bites. Swab for venom but do not test.•Evidence of venom movement (e.g. swollen or tender draining lymph nodes)•Neurotoxic paralysis (ptosis, ophthalmoplegia, diplopia, dysarthria, limb weakness, respiratory distress)•Coagulopathy (bleeding gums, prolonged bleeding from venepuncture sites or other wounds, including the bite site)•Muscle damage (muscle tenderness, pain on movement, weakness, dark or red urine indicating myoglobinuria)

Treat as envenomated if there is:

- Neurotoxic paralysis (e.g. ptosis, ophthalmoplegia, limb weakness, respiratory effects)
- Significant coagulopathy (e.g. unclottable blood, INR>1.2, prolonged bleeding from wounds and venepunctures)
- History of unconsciousness, collapse, convulsions or cardiac arrest

See *Clinical pathway: snake bite envenomation in emergency departments (EDs) in Victoria* and seek advice from a clinical toxicologist (e.g. poisons centre 13 11 26)

It is strongly recommended that any abnormality of INR, APTT, fibrinogen, full blood count (leucocytosis, evidence of TMA) CK >1000 is discussed with a clinical toxicologist to determine if antivenom is required.

See over for management of suspected snake bite without envenomation.

Management of suspected snake bite without evidence of envenomation

Laboratory evidence of envenomation: INR>1.2, CK>1000, raised APTT, reduced fibrinogen		Tick if completed
Likely to require antivenom: see <i>Clinical pathway: snake bite envenomation in EDs Victoria</i> and seek advice from a clinical toxicologist (e.g. Poisons Centre 13 11 26)		
No laboratory evidence of envenomation		
Release pressure bandage immobilisation (PBI)		
1 hour post removal of PBI		
<ul style="list-style-type: none"> neurological exam repeat bloods: INR, APPT, fibrinogen, CK, FBE, EUC 		
Evidence of envenomation/unsure: see <i>Clinical pathway: snake bite envenomation in ED's in Victoria</i> and seek advice from a clinical toxicologist (e.g. Poisons Centre 13 11 26)		
6 hours after time of suspected bite		
<ul style="list-style-type: none"> neurological exam repeat bloods: INR, APPT, fibrinogen, CK, FBE, EUC 		
Evidence of envenomation/unsure: see <i>Clinical pathway: snake bite envenomation in EDs in Victoria</i> and seek advice from a clinical toxicologist (e.g. Poisons Centre 13 11 26)		
12 hours after time of suspected bite		
<ul style="list-style-type: none"> neurological exam repeat bloods: INR, APPT, fibrinogen, CK, FBE, EUC 		
Evidence of envenomation/unsure: see <i>Clinical pathway: snake bite envenomation in EDs in Victoria</i> and seek advice from a clinical toxicologist (e.g. Poisons Centre 13 11 26)		
Criteria for discharge (do not discharge overnight)		Tick if normal
Normal neurological exam		
Normal bloods: INR, APPT, fibrinogen, platelet count, CK and renal function		
Name:	Signature:	Date:

This project was initiated and facilitated by the Emergency Care Improvement and Innovation Clinical Network (ECIICN), Commission for Hospital Improvement, Department of Health, Victoria in response to a need identified by emergency clinicians.

An expert reference group was established including clinical toxicologists and experts in management of snake bite: Professor Anne-Maree Kelly (chair), Associate Professor Geoff Isbister, Dr Shaun Greene, Professor Andis Graudins, Dr Dino Druda, Dr Bill Nimorakiotakis. These materials were endorsed by ECIICN steering group members Professor George Braitberg and Dr Diana Badcock.

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