Management of Snake Bite (Victoria)

Patient presents with potential snake bite

Ensure pressure bandage with immobilisation has been applied pending assessment (see Pressure bandage with immobilisation)
• Observe in a critical care area and contact retrieval services for transfer if necessary (see Location of care)
• Insert IV line and take bloods
• Assess for evidence of envenomation (see Clinical assessment guide)
• Swab bite site but do not test at this stage (see Role of snake venom detection kits)

Contact a clinical toxicologist: Victorian Poisons Information Centre 13 11 26

Is there evidence of envenomation?

See Snake bite envenomation clinical pathway
• Resuscitate
• Contact a clinical toxicologist (VPIC 13 11 26)
• Prepare to manage allergic reaction or anaphylaxis
• Give antivenom as per advice from a clinical toxicologist (VPIC 13 11 26)
• Release pressure bandage immobilisation after administration of antivenom

Ongoing care
• Monitor, investigate for, and treat complications
• Repeat laboratory tests at 6 hours and 12 hours post administration of antivenom

Admit for observation and monitoring of progress

Discharge in daylight hours

See Suspected snake bite clinical pathway
Assessment of initial laboratory tests (INR, APTT, CK, fibrinogen, D-dimer, FBE, UEC)

Clinical or laboratory evidence of envenomation?
Contact a clinical toxicologist (VPIC 13 11 26)

Repeat neurological and laboratory assessments
• 1 hour post removal of pressure bandage with immobilisation
• 6 hours post suspected bite
• 12 hours post suspected bite

Clinical or laboratory evidence of envenomation?
Contact a clinical toxicologist (VPIC 13 11 26)

No

Yes

Yes

Yes

No

No

No