



Emergency Care  
Clinical Network

**EMERGENCY  
DEPARTMENT**

**SUSPECTED  
SNAKE BITE  
CLINICAL  
PATHWAY**

SURNAME		URN	
GIVEN NAME		DOB	SEX
ADDRESS			
SUBURB		TELEPHONE	
POSTCODE			

Date: \_\_\_/\_\_\_/\_\_\_

Time of suspected snake bite: \_\_\_:\_\_\_

This clinical pathway only applies 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.

If unsure at any stage, seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26)

Initial if  
completed

**IMMEDIATE  
MANAGEMENT**

**Apply pressure bandage, immobilise limb and immobilise the person**

- Use a broad 15cm elasticised bandage
- Start bandaging at snake bite, cover whole limb, be as firm as if bandaging a sprained ankle
- Immobilisation of the limb (e.g. splint) and immobilisation of the patient (e.g. bed rest) is essential
- Time pressure bandage applied \_\_\_:\_\_\_

**ASSESSMENT OF INITIAL BLOODS**

**Assess for clinical or laboratory evidence of envenomation**

Initial bloods: INR, APTT, fibrinogen, FBE and film, CK, UEC, quantitative D-dimer.

**Early discussion with a clinical toxicologist (e.g. Poisons Information Centre 13 11 26) is strongly recommended in the following instances to determine if antivenom is required:**

- any patient with significant symptoms (especially headache and vomiting) or any patient who appears systemically unwell
- any abnormality of INR, APTT, fibrinogen, D-dimer, full blood count (leukocytosis, evidence of thrombotic microangiopathy) or CK > 1,000 IU/L.

**Treat as envenomed if there is:**

- Neurotoxic paralysis (e.g. ptosis, ophthalmoplegia, limb weakness, respiratory effects)
- Coagulopathy (e.g. unclottable blood, INR > 1.3, prolonged bleeding from wounds and venepunctures)
- History of unconsciousness, collapse, convulsions or cardiac arrest.

Commence *Snake bite envenomation clinical pathway* and seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26).

**No clinical or laboratory evidence of envenomation**

Release pressure bandage immobilisation  
Time: \_\_\_:\_\_\_

1 hour post removal of pressure bandage immobilisation

- Neurological exam
- Repeat bloods: INR, APTT, fibrinogen, CK, FBE, UEC, quantitative D-dimer.

**UP TO 6HRS POST  
SUSPECTED BITE**

**Clinical or laboratory evidence of envenomation**

Commence *Snake bite envenomation clinical pathway* and seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26).

**No clinical or laboratory evidence of envenomation**

6 hours post suspected snake bite

- Neurological exam
- Repeat bloods: INR, APTT, fibrinogen, CK, FBE and film, UEC, quantitative D-dimer.

**Emergency department – Suspected snake bite clinical pathway**



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Initial if  
completed

<b>6-12HRS POST SUSPECTED BITE</b>	<b>Clinical or laboratory evidence of envenomation</b>	
	Commence <i>Snake bite envenomation clinical pathway</i> and seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26).	
	<b>No clinical or laboratory evidence of envenomation</b>	
	12 hours post suspected snake bite	
	<ul style="list-style-type: none"> <li>Neurological exam</li> <li>Repeat bloods: INR, APTT, fibrinogen, CK, FBE, UEC, quantitative D-dimer.</li> </ul>	

<b>DISCHARGE CONSIDERATIONS</b>	<b>Clinical or laboratory evidence of envenomation</b>	
	Commence <i>Snake bite envenomation clinical pathway</i> and seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26).	
	<b>No clinical or laboratory evidence of envenomation</b>	
	Criteria for discharge (do not discharge overnight):	
	<ul style="list-style-type: none"> <li>Normal neurological exam</li> <li>Normal bloods: INR, APTT, fibrinogen, platelet count, D-dimer, CK and renal function at 12 hours after time of suspected bite.</li> </ul>	

Pathway completed by:

Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Designation: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_

Emergency department – suspected snake bite clinical pathway