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)

**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 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.

**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.

- 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

**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**

12 hours post suspected snake bite
- Neurological exam
- Repeat bloods: INR, APTT, fibrinogen, CK, FBE, UEC, quantitative D-dimer.

---

**Discharge considerations**

**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**

Criteria for discharge (do not discharge overnight):
- Normal neurological exam
- Normal bloods: INR, APTT, fibrinogen, platelet count, D-dimer, CK and renal function at 12 hours after time of suspected bite.

---

Pathway completed by:

Name: ____________________________  Sign: __________________  Designation: ____________

Date: ___/___/____  Time: ____:____