URGENT CARE CENTRE

SNAKE BITE ENVENOMATION CLINICAL PATHWAY

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<td>SUBURB</td>
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Date: ___ / ___ / ___
Time of 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.

### IMMEDIATE MANAGEMENT/TRANSFER

**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: ____ : ____**

**Emergency transfer of care (ARV 1300 36 86 61 / PIPER 1300 137 650)**

- All patients presenting to UCCs with snake bite or suspected snake bite should have an emergency ambulance transfer arranged at an early stage (e.g. as soon as snake bite is suspected)
- Patient should be managed in a facility with antivenom, critical care facilities and a 24 hour laboratory for blood tests; while awaiting transfer manage in monitored UCC bed
- Contact Adult Retrieval Victoria (ARV) or Paediatric Infant Perinatal Emergency Retrieval (PIPER) for clinical support and transfer co-ordination
- Do not delay transport as administration of antivenom can commence/continue during ambulance transfer

### EARLY DECISION MAKING

**Discuss with a clinical toxicologist (e.g. Poisons Information Centre 13 11 26)**

There are a number of relative indications for antivenom that require expert interpretation. Early discussion with a clinical toxicologist is strongly recommended to determine if antivenom is required for:

- Any patient with significant symptoms (especially headache and vomiting)
- Any patient who appears systemically unwell

**Indications for antivenom: seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26)**

- Neurotoxic paralysis (e.g. ptosis, ophthalmoplegia, limb weakness, respiratory effects)
- History of unconsciousness collapse, convulsions or cardiac arrest

**Choice of antivenom: seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26)**

If there is a delay in contacting a clinical toxicologist and there is clear indication for antivenom, administer one vial of tiger snake antivenom and one vial of brown snake antivenom.

All cases of envenomation should be discussed with a toxicologist to guide treatment and appropriate disposition.

### ACUTE MANAGEMENT

**Prepare to manage anaphylactic/anaphylactoid reactions (all patients)**

- Critical care area with monitoring (e.g. UCC monitored bed)
- IV line in situ (two (2) IV access sites if possible)
- IV fluids prepared, primed and available for immediate infusion
- Adrenaline prepared and available for immediate administration

**Preparation and administration of antivenom**

- Dilute in 100–500mL of sodium chloride 0.9% (one vial of tiger snake antivenom and one vial of brown snake antivenom can be administered in the same 100-500 mL sodium chloride 0.9% infusion)
- Administer over 15–30 minutes
- For further management advice, including timing of release of pressure bandage and immobilisation after antivenom has been fully administered, contact the toxicologist (13 11 26)

**Time of antivenom administration: ____ : ____**