The Prince Charles Hospital
Emergency Department

DEPARTMENTAL GUIDELINE for THE MANAGEMENT of
RED BACK SPIDER BITE

**Was a spider seen to bite?**
*PIB is contraindicated in red back spider bite, first aid is local application of ice pack

**Yes**
- Definitely Red Back

**No**
- Not sure what type

**Definitely Red Back**

**No symptoms of red back spider bite**

**Consider other spiders or other diagnoses**

**Does patient have symptoms suggestive of Red Back Spider envenomation?**

**Yes**

**Give adequate analgesia:**
- Ibuprofen, plus paracetamol
- Consider oxycodone
- If severe use fentanyl or morphine

**Observed 2hrs**

**Symptomatic?**

**Yes**

**Systemic or severe regional symptoms despite good analgesia?**

**Yes**

**Give Red Back Antivenom:**
- 2 Ampules
- Dissolve in 100mls N.Saline
- Administer over 20mins
- Anaphylaxis rare (1:75) but have adrenaline and resus equipment to hand

**Resolves over 2hrs?**

**Yes**

**Further doses are unlikely to be beneficial**
- Reconsider diagnosis
- Ensure adequate analgesia
- Delayed (>48hrs) antivenom controversial
- Discuss with PIC

**No**

**Observed 2hrs**

**Symptomatic?**

**Yes**

**DISCARTE**
- Good oral analgesia
- Advice sheet
- Return if symptoms recur / progress
- If antivenom given ensure advice about serum sickness in 10%, occurring 4 – 14 days latter. Treat with prednisone daily for maximum of 7 days.

**No**

**Not sure what type**

**Cardinal features of Red Back Envenomation:**
- Local Pain (Often Severe), piloerection, erythema
- Radiating Pain
- Increased sweating: local or regional (Often Lower Legs)
- Nausea, vomiting headache
- Malaise, lethargy
- Increased blood pressure, irritability