DEPARTMENTAL GUIDELINE for THE MANAGEMENT of
SUSPECTED SNAKE BITE  ie asymptomatic snake bite

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<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arival</td>
<td>Triage</td>
<td>Ensure PIB and move patient to acutes on trolley (Don’t make them walk) Notify SMO</td>
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<tr>
<td>1st Hour</td>
<td>Acute</td>
<td>Immobilise patient and limb monitoring, Iv access, bloods: FBC, ELFT, CK, coags, D-dimer SMO to review patient and PIB for adequacy examination for clinical signs of envenomation take bite site swab but DO NOT test unless patient envenomated.</td>
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<tr>
<td>When 1st bloods return</td>
<td>Acute</td>
<td>Bloods and exam normal = remove PIB observe for 30 minutes If asymptomatic move to SSU Document exam and blood results.</td>
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<tr>
<td>1 Hour post PIB removal</td>
<td>SSU</td>
<td>Repeat bloods and examination Bloods: coags and CK Re-examine, especially neurotoxicity Document</td>
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<tr>
<td>6 Hours post bite</td>
<td>SSU</td>
<td>Repeat bloods and examination Bloods: coags and CK Re-examine, especially neurotoxicity Document</td>
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<tr>
<td>12 hour post bite</td>
<td>SSU</td>
<td>Repeat bloods and examination Bloods: coags and CK Re-examine, especially neurotoxicity Document</td>
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<tr>
<td>12 hour bloods back</td>
<td>SSU</td>
<td>Exam and bloods normal can be discharged never d/c overnight as neurotoxicity can be missed</td>
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</table>

**Early Symptoms:**
- Nausea & Vomiting
- Abdominal
- Headache
- Transient collapse with complete recovery

**Clinical Examination**

**Neurotoxicity**
- Distal Paralysis
- Ptosis
- Bulbar Palsy
Which occurs prior to…
- Diaphragmatic weakness

**Bleeding**
Bite site, IV site, gums, *beware headache or abdo pain

**Myotoxicity**
- Muscle Pain
- Weakness

If exam or bloods abnormal
- Exit Pathway
- Ask Pathology to do VDK
- Notify SMO
- Call poisons info 131126
- Go to Envenomation Pathway.