Identifying the type of venom is an essential in the management of the envenomed patient. Envenomation will have been confirmed by clinical examination or blood results and discussed with an ED consultant or toxicologist via PIC. The choice of anti-venom is determined by:

- **Local Geography**
  - In the area of Brisbane we are known to have only 2 snake bite groups: Brown and Tiger. In the 10 years of data collection from the ASP (Australian Snakebite Project) there have been no recorded bites from the groups Black, Death Adder, Taipan.
  - For an undifferentiated snake bite with VICC (venom induced consumptive coagulopathy) one vial of tiger and brown could be considered as it will be less of an antivenom load than one vial of polyvalent.

- **Clinical Picture**
  - Life threatening envenomation: cardiac arrest, respiratory failure secondary to paralysis, major haemorrhage patient should be resuscitated and consideration given to polyvalent or one each of tiger and brown.
  - Tiger: systemic symptoms, myotoxicity & neurotoxicity, clinical evidence of coagulopathy
  - Brown: often asymptomatic, thrombocytopaenia, clinical evidence of coagulopathy

- **Laboratory Picture**
  - Tiger: VICC
  - Brown: VICC
    - Venom-induced consumptive coagulopathy: Complete – undetectable fibrinogen, high d-dimer, INR > 3; Partial – low but detectable fibrinogen, high d-dimer, INR <3

- **Venom Detection Kit**
  - VDKs are not cheap! Doctors don’t have the time to perform the test as it requires a dedicated staff member to follow the steps carefully and identify the first well that changes colour.
  - Should only be performed if there is clinical or laboratory evidence of envenomation to guide antivenom selection
  - To avoid delay it is sensible to take the bite site swab early and send to the lab to hold until it is indicated to perform it

How to Perform a VDK

**Materials provided:**
- Red wound swab – dry with no transport medium
- Sterile Saline
- Labels requesting Snake Venom Detection
- Urine jar

**Procedure**
- Moisten dry swab in saline
- Rotate and rub the moistened swab vigorously over the bite site and adjacent skin. Bite site is the preferred site. Urine sample may be used if bite site was swabbed.
• Break off swab into a urine jar labelled with Patient name, DOB, UR number, date & time

• Print EDIS request form
• Place ‘Snake Venom Detection Test’ label on EDIS request form in ‘Tests Requested’ box

<table>
<thead>
<tr>
<th>Snake Venom Detection Test</th>
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<tbody>
<tr>
<td>O  Swab - bite site</td>
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<tr>
<td>O  Other: __________</td>
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</table>

**HOLD FOR TESTING IF REQUIRED**

• Phone pathology Haematology Dept ph 31394531 and inform staff that you are sending a sample for Snake Venom Detection to be held until it is indicated to be tested.