

Envenomation

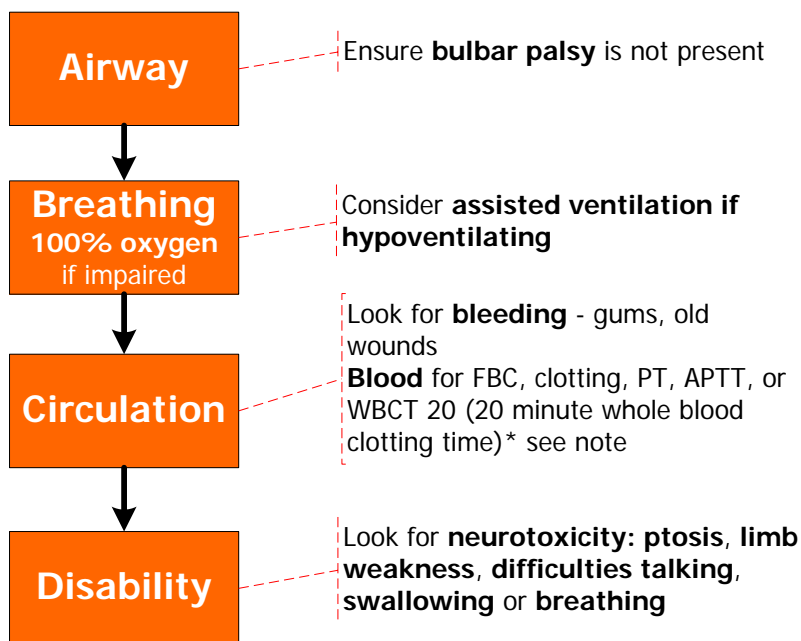
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Emergency Care

Reassure
Immobilise and splint limb
Wipe site with clean cloth
 Apply **crepe bandage** over bite and **wind firmly** up limb
Transport to hospital with dead snake if possible

Assessment



WBCT 20

- Take 2ml freshly sampled blood
 - Place in dry glass tube
 - Leave for 20 minutes
 - Tip once
- If liquid and runs out patient has a coagulation problem

Observe for 24 hours - envenoming can be delayed

Treatment

Antivenom - if systemic effects (clotting or neurotoxicity) or local swelling > half bitten limb
 dose depends on amount of venom injected
 dilute in 2-3 volumes 0.9% saline infused over 1 hour IV (slow initially)
 have adrenaline 10 micrograms/kg (0.1ml/kg of 1 in 10,000) IM available for a child
have adrenaline 1mg (1ml of 1 in 1000) IM available for mother
 repeat WBCT 20/other clotting 6 hours after antivenom
 repeat antivenom if clotting is still impaired.

Anticholinesterase for neurotoxicity (pralidoxime)
Excise necrotic tissue
Fasciotomy if raised compartmental pressure (clinically or >45mmHg)
Avoid IM injections if clotting disturbed
Tetanus prophylaxis
 If venom in **eyes** - irrigate with **water** and **adrenaline** 0.5% drops