



SNAKE BITE AND ANTI SNAKE VENOM PROTOCOL



DIFFERENTIATE



Poisonous snakes bite



Non poisonous
snake bite



All cases of snake bite

- Reassure the patient
- Immobilize the affected area using splints
- Do not remove tourniquet if applied
- Obtain I V access
- Give tetanus toxoid



Indication for A S V

- Progressive weakness, ptosis, paralysis
- Respiratory depression, dyspnoea
- Diplopia, dysphonia, dysarthria, dysphagia
- Bleeding manifestations, blisters at bite site
- Hypotension, shock, changes in ECG
- Persistent vomiting/ abdominal pain
- Swelling more than half the girth of the bitten limb
- Progressive painful swelling



ASV PROTOCOL

- Monitor the patient (vital signs and ECG)
- No test dose for ASV
- ASV dosage is same as adults for children & pregnant lady
- 1st dose 10 vials stat as infusion in normal saline slowly over 30 minutes.
- Later dose of antivenom may be adjusted based on the progress of the patient
 - If neurotoxic also give
 - For adults - Injection Atropine 0.6mg IV followed by Neostigmine 1.5mg IV STAT
 - For children – injection Atropine 0.05mg/kg followed by injection Neostigmine 0.04mg/kg IV STAT



- If hemotoxic
 - Do 20minutes WBCT
 - ASV is given based on a six hour cycle after coagulation test
 - Administer ASV until coagulation is restored



ANAPHYLAXIS

- Urticaria, itching, fever, chills, nausea vomiting, diarrhoea, hypotension, bronchospasm, angio edema
 - Discontinue ASV
 - Inj Adrenaline 0.5mg I M for adults
 - For children 0.01mg/kg I M on deltoid or thigh
 - Inj Chlorphenaramine 10 mg I M for adults
 - For children 0.2mg/kg I M on deltoid or thigh
 - Once the patient recovered restart the infusion at a slower infusion rate



SPECIAL CONSIDERATION (TOURNIQUETS)

- Sudden removal of tourniquets may cause gush of venom leading to fatality
- Check distal pulse before removal of tourniquet.
- If tourniquet has occluded distal pulse a blood pressure cuff can be used to release the pressure slowly



THANK YOU

