

Clinical pathway for suspected and/or confirmed snake bite

All patients should be observed with serial blood testing for 12 hours to exclude severe envenoming using the following pathway.

Patient presents to **TRIAGE** with suspected / confirmed snake bite.

- Apply pressure bandage with immobilisation (PBI) if not already in place
- Triage patient ATS 2 to resuscitation area

If the patient is **critically unwell** manage as per usual ACLS protocols and **call Toxicology Service EARLY** for advice regarding antivenom administration.

Signs and symptoms of systemic toxicity (syncope, headache, vomiting, abdominal pain)

Signs of bleeding (gingivae, IV cannula sites)

Signs of neurotoxicity (blurred vision, diplopia, ptosis, distal paralysis)

Abnormal blood tests: coagulation tests (INR*, aPTT, D-dimer*, fibrinogen), FBC, UEs, CK, LDH

* formal laboratory testing for INR and D-dimer and NOT point-of-care testing

YES

Call Toxicology Service for advice

Follow pathway for “patient with confirmed envenomation”

Remove pressure bandage and observe for any symptoms

Repeat bloods (coagulation tests and CK) and neurological exam at 1 hour post-bandage removal

Abnormal examination or blood tests?

YES

NO

Repeat bloods (coagulation tests and CK) and neurological exam at 6 and 12 hours post bandage removal.

Abnormal examination or blood tests?

YES

Check tetanus vaccination status.

Patient can be discharged.