



Sir Charles Gairdner Emergency Department

Clinical pathway for suspected/ confirmed snake bite

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

TRIAGE

- Apply pressure bandage with immobilisation (PBI) if not already in place
- If pre-hospital PBI applied, assess and reinforce it if required
- Triage patient at least ATS 2 to resuscitation area

If the patient is **critically unwell** manage as per usual ACLS protocols with the addition of antivenom as per advice from **Toxicology**

ASSESSMENT

CLINICAL FEATURES

- Bleeding: gingivae, IV cannula sites, bruising, haematuria, epistaxis
- Neurotoxicity: blurred vision, diplopia, ptosis, descending paralysis
- Myotoxicity: swelling, myalgias, myoglobinuria
- Systemic toxicity: syncope, headache, vomiting, abdominal pain

BLOOD TESTS

- FBC
- UECs
- Coagulation profile (INR, aPTT, fibrinogen)
- D-dimer
- CK

ABNORMAL clinical features or blood tests?

NO

- Remove PBI and observe for any symptoms and signs

ABNORMAL clinical features?

NO

- Repeat bloods (FBC, UECs, Coagulation profile, D-dimer, CK) and neurological exam at **1, 6 and 12 hours** post **PBI removal**

ABNORMAL examination or blood tests?

NO

- Check tetanus vaccination status
- Patient can be discharged in daylight hours

YES

- Call **Toxicology service** for advice
- Follow pathway for **'Patient with confirmed envenomation'**

YES