



Sir Charles Gairdner Emergency Department Clinical pathway for management of patients with snake bite envenomation

Call the on-call Toxicology Service early for advice

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

ANTIVENOM

- Antivenom is always given intravenously diluted in normal saline
- Patients should remain in a resuscitation area while having antivenom
- Be prepared to treat anaphylaxis during or after administration
- If the patient develops signs or symptoms of anaphylaxis, stop the antivenom infusion and call Toxicology
- Premedication with adrenaline, corticosteroids or antihistamines is not routinely indicated

Remove PBI halfway through the antivenom administration

ADMISSION

- Admit the patient under Toxicology for observation (development of bleeding complications or neurotoxicity)
- Repeat bloods (FBC, UECs, INR, aPTT, fibrinogen, D-dimer, CK) at **6, 12 and 24 hours** post antivenom

DISCHARGE

- Patients can be **discharged** once the coagulopathy and myotoxicity are resolving, and there is no evidence of renal impairment, haemolysis or neurotoxicity.
- Check tetanus vaccination status
- Advise patients about the possibility of serum sickness 7-10 days after treatment with antivenom. This may require treatment with Prednisolone 25-50mg OD for 5 days.