

**URGENT CARE CENTRE**

Snake bite envenomation clinical pathway

SURNAME		URN	
GIVEN NAME		DOB	GENDER
ADDRESS			
SUBURB		TELEPHONE	
POSTCODE			

Date: \_\_\_/\_\_\_/\_\_\_

Time of snake bite (suspected or confirmed): \_\_\_:\_\_\_

This clinical pathway only applies to suspected or confirmed Victorian community-acquired snake bites in patients who are not snake handlers. Specific advice regarding bites in snake handlers and from exotic snakes should be obtained from a clinical toxicologist.

Victorian Poisons Information Centre (VPIC): 13 11 26

Urgent care centre – Snake bite envenomation clinical pathway

IMMEDIATE MANAGEMENT/TRANSFER	<b>Apply pressure bandage, immobilise limb and immobilise the person</b>
	<ul style="list-style-type: none"> <li>• Use a broad 10 - 15cm elasticised bandage.</li> <li>• Apply the bandage to cover the whole limb. Start the bandage distally (toes/fingers) and continue up the limb to include the bite site, as high as possible. The bandage should be fitted as firm as if bandaging a sprained ankle.</li> <li>• Immobilisation of the limb (e.g. splint) and immobilisation of the patient (e.g. bed rest) is essential.</li> </ul> <p><b>Time pressure bandage applied: ___:___</b></p>
	<b>Emergency transfer of care (ARV 1300 36 86 61 / PIPER 1300 137 650)</b>
	<ul style="list-style-type: none"> <li>• All patients presenting to UCCs with snake bite or suspected snake bite should have an emergency ambulance transfer arranged as soon as snake bite is suspected.</li> <li>• Patient should be managed in a facility with antivenom, critical care facilities and a 24 hour laboratory for blood tests; while awaiting transfer manage in monitored UCC bed.</li> <li>• Contact Adult Retrieval Victoria (ARV) or Paediatric Infant Perinatal Emergency Retrieval (PIPER) for clinical support and transfer co-ordination (including conference call with Clinical Toxicologist).</li> <li>• Pressure bandage with immobilisation (PBI) should be maintained during transfer, and removed at referral hospital.</li> <li>• If antivenom is to be administered in the UCC or during transfer, discuss the timing of PBI removal with a clinical toxicologist (VPIC 13 11 26).</li> <li>• Do not delay transport as administration of antivenom can commence/continue during emergency ambulance transfer.</li> </ul>

EARLY DECISION MAKING	<b>Discuss with a clinical toxicologist (VPIC 13 11 26)</b>
	<p>There are a number of relative indications for antivenom that require expert interpretation. Early discussion with a clinical toxicologist is <b>strongly recommended</b> to determine if antivenom is required for:</p> <ul style="list-style-type: none"> <li>• Any patient with significant symptoms (especially headache, vomiting or early collapse)</li> <li>• Any patient who appears systemically unwell.</li> </ul> <p>If a clinical assessment undertaken by an UCC practitioner suggests that envenomation is likely, then it is recommended that urgent discussion with a toxicologist (VPIC 13 11 26) occurs. If antivenom is available at the UCC and administration of antivenom is recommended by the toxicologist but no prescriber is available to authorise administration, the UCC staff should contact Adult Retrieval Victoria (1300 36 86 61) early for assistance.</p>
	<b>Indications for antivenom: seek advice from a clinical toxicologist (VPIC 13 11 26)</b>
	<ul style="list-style-type: none"> <li>• History of unconsciousness collapse, convulsions or cardiac arrest (concurrent with usual care)</li> <li>• Neurotoxic paralysis (e.g. ptosis, ophthalmoplegia, limb weakness, respiratory effects)</li> </ul>
	<b>Choice of antivenom: seek advice from a clinical toxicologist (VPIC 13 11 26)</b>
	<p><b>If there is a delay in contacting a clinical toxicologist and there is clear indication for antivenom, administer one vial of tiger snake antivenom <u>and</u> one vial of brown snake antivenom.</b></p> <p>All cases of envenomation should be discussed with a toxicologist to guide treatment and appropriate disposition.</p>

<b>ACUTE MANAGEMENT</b>	<b>Prepare to manage anaphylactic/anaphylactoid reactions (all patients)</b>	
	<ul style="list-style-type: none"> <li>• Critical care area with monitoring (e.g. UCC monitored bed)</li> <li>• IV line in situ (two (2) IV access sites if possible)</li> <li>• IV fluids prepared, primed and available for immediate infusion</li> <li>• Adrenaline prepared and available for immediate administration</li> </ul>	
	<b>Preparation and administration of antivenom</b>	
	<ul style="list-style-type: none"> <li>• Dilute in 100–500 mL of sodium chloride 0.9% (one vial of tiger snake antivenom <u>and</u> one vial of brown snake antivenom can be administered in the same 100-500 mL sodium chloride 0.9% infusion). Consider weight, aim for volume of 100ml for paediatric patients.</li> <li>• Administer over 15–30 minutes.</li> <li>• For further management advice, including timing of release of pressure bandage and immobilisation <b>after</b> antivenom has been fully administered, contact the toxicologist (VPIC 13 11 26).</li> </ul> <p><b>Time of antivenom administration:</b> ____:____</p>	