Management of snake bite (Victoria)

Patient presents with potential snake bite

- Ensure pressure bandage with immobilisation has been applied pending assessment (see Pressure bandage with immobilisation)
- Observe in a critical care area and contact retrieval services for transfer if necessary (see Location of care)
- Insert IV line and take bloods
- Assess for evidence of envenomation (see Clinical assessment guide)
- Swab bite site but do not test at this stage (see Role of snake venom detection kits)

If unsure, contact a clinical toxicologist (Poisons Information Centre 13 11 26)

Is there evidence of envenomation?

Yes

See Snake bite envenomation clinical pathway
- Resuscitate
- Contact a clinical toxicologist (Poisons Information Centre 13 11 26)
- Prepare to manage anaphylactic/anaphylactoid reaction
- Give antivenom as per advice from a clinical toxicologist
- Release pressure bandage immobilisation after administration of antivenom

Ongoing care
- Monitor, investigate for, and treat complications
- Repeat laboratory tests at 6 hours and 12 hours post administration of antivenom

Admit for observation and monitoring of progress

Discharge in daylight hours

No

See Suspected snake bite clinical pathway

Assessment of initial laboratory tests
(INR, APTT, CK, fibrinogen, D-dimer, FBE, UEC)

Clinical or laboratory evidence of envenomation?
- If unsure, contact a clinical toxicologist (Poisons Information Centre 13 11 26)

Repeat neurological and laboratory assessments
- 1 hour post removal of pressure bandage with immobilisation
- 6 hours post suspected bite
- 12 hours post suspected bite

Clinical or laboratory evidence of envenomation?
- If unsure, contact a clinical toxicologist (Poisons Information Centre 13 11 26)

Discharge in daylight hours