This clinical pathway only applies to suspected 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.

If unsure at any stage, seek advice from a clinical toxicologist (for example, Poisons Information Centre 13 11 26).

### ASSESSMENT OF INITIAL BLOODS

**Assess for clinical or laboratory evidence of envenomation**
- Initial bloods: INR, APTT, fibrinogen, FBE and film, CK, UEC, quantitative D-dimer.

**Early discussion with a clinical toxicologist** (e.g. Poisons Information Centre 13 11 26) is strongly recommended in the following instances to determine if antivenom is required:
- any patient with significant symptoms (especially headache and vomiting) or any patient who appears systemically unwell
- any abnormality of INR, APTT, fibrinogen, D-dimer, full blood count (leukocytosis, evidence of thrombotic microangiopathy) or CK > 1,000 IU/L.

**Treat as envenomed if there is**:
- Neurotoxic paralysis (e.g. ptosis, ophthalmoplegia, limb weakness, respiratory effects)
- Coagulopathy (e.g. unclottable blood, INR > 1.3, prolonged bleeding from wounds and venepunctures)
- History of unconsciousness, collapse, convulsions or cardiac arrest.

Commence **Snake bite envenomation clinical pathway** and seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26).

**No clinical or laboratory evidence of envenomation**
- Release pressure bandage immobilisation
  - Time: _____:_____
  - 1 hour post removal of pressure bandage immobilisation
    - Neurological exam
    - Repeat bloods: INR, APTT, fibrinogen, CK, FBE, UEC, quantitative D-dimer.

### UP TO 6HRS POST SUSPECTED BITE

**Clinical or laboratory evidence of envenomation**
- Commence **Snake bite envenomation clinical pathway** and seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26).

**No clinical or laboratory evidence of envenomation**
- 6 hours post suspected snake bite
  - Neurological exam
  - Repeat bloods: INR, APTT, fibrinogen, CK, FBE and film, UEC, quantitative D-dimer.

### 6-12HRS POST SUSPECTED BITE

**Clinical or laboratory evidence of envenomation**
- Commence **Snake bite envenomation clinical pathway** and seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26).

**No clinical or laboratory evidence of envenomation**
- 12 hours post suspected snake bite
  - Neurological exam
  - Repeat bloods: INR, APTT, fibrinogen, CK, FBE, UEC, quantitative D-dimer.
## Emergency Department – suspected snake bite clinical pathway

### Discharge Considerations

#### Clinical or laboratory evidence of envenomation

Commence *Snake bite envenomation clinical pathway* and seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26).

#### No clinical or laboratory evidence of envenomation

Criteria for discharge (do not discharge overnight):
- Normal neurological exam
- Normal bloods: INR, APTT, fibrinogen, platelet count, D-dimer, CK and renal function at 12 hours after time of suspected bite.

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Pathway completed by:

Name: ____________________________  Sign: __________________  Designation: ____________

Date: ___/___/___  Time: ____:____