Date: __/__/__
Time of snake bite: ____:____

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.

**EARLY DECISION MAKING**

Discuss with a clinical toxicologist (e.g. Poisons Information Centre 13 11 26)

There are a number of relative indications for antivenom that require expert interpretation. Early discussion with a clinical toxicologist 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.

**Indications for antivenom: seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26)**

- 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.

**Choice of antivenom: seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26)**

If there is a delay in contacting a clinical toxicologist and there is clear indication for antivenom, administer one vial of tiger snake antivenom and one vial of brown snake antivenom.

All cases of envenomation should be discussed with a toxicologist to guide treatment and appropriate disposition.

**ACUTE MANAGEMENT**

Prepare to manage anaphylactic/anaphylactoid reactions

- Critical care area with monitoring
- IV line in situ
- Further IV fluids available
- Adrenaline available.

**Preparation and administration of antivenom**

- Dilute in 100–500mL of isotonic saline (One vial of tiger snake antivenom and one vial of brown snake antivenom can be administered in the 100-500 mL isotonic saline infusion)
- Administer over 15–30 minutes.
- Release pressure bandage immobilisation **after** antivenom has been administered

**Time of antivenom administration:** ____:____

**ONGOING CARE**

Monitor progress: seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26)

Monitor, investigate for, and treat complications such as occult bleeding, electrolyte abnormality (e.g. hyperkalaemia, signs of renal impairment).

- **6 hours post antivenom:** INR, APTT, fibrinogen, D-dimer, UEC, CK and FBE.
  If not improving/unsure, seek advice from a clinical toxicologist.

- **12 hours post antivenom:** INR, APTT, fibrinogen, D-dimer, UEC, CK and FBE.
  If not improving/unsure, seek advice from a clinical toxicologist.

**Note:** Coagulopathy may not begin to improve until about 12 hours. Persistent coagulopathy is not an indication for additional antivenom. Seek advice if concerned.

Use of blood products (e.g. fresh frozen plasma) may be considered in an actively bleeding patient but should be discussed with a clinical toxicologist (e.g. Poisons Information Centre).

- 12-hourly bloods thereafter until consistently improving: INR, APTT, fibrinogen, D-dimer, UEC, CK and FBE.
Emergency department – snake bite envenomation clinical pathway

<table>
<thead>
<tr>
<th>Location</th>
<th>List criteria</th>
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<tbody>
<tr>
<td>ED observation unit</td>
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<td>Ward</td>
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<tr>
<td>ICU/HDU</td>
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<tr>
<td>Transfer</td>
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</tbody>
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Criteria for discharge during daytime (do not discharge at night): seek advice from a clinical toxicologist (e.g. Poisons Information Centre 13 11 26)

- Uncomplicated myotoxicity and mild neurotoxicity
  - Clinical features resolving
  - Blood tests normalising
  - It is at least 12 hours post antivenom.

- Venom-induced consumptive coagulopathy
  - INR, APTT, creatinine and platelet count normalising.

Other criteria (list):

Discharge advice

Explanation of the risk of serum sickness (~30%) characterised by flu-like symptoms, fever, myalgia, arthralgia and rash developing 4–14 days post antivenom.

Letter to GP including advice regarding recognition and treatment of serum sickness.

Pathway completed by:

Name: ___________________________  Sign: __________________  Designation: ____________
Date: ___/___/___  Time: ____:____