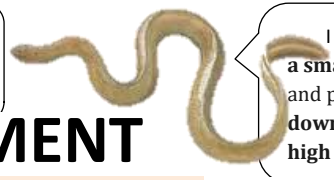
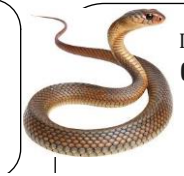
I am a viper **(Viperidae).** My head is **triangular and wider than my neck.** I have **long fangs and can bite though clothes. My bite and poison often causes you to bleed.**



I am a sea snake **(Hydrophidae).** I have **a small head and a flattened tail.** My bite and poison often causes **muscles to break down** leading to **prolong muscle pain** and **high blood potassium levels**



I am a Black Mamba in Family **(Elapidae),** same as cobra. My head is **about same width as my neck**. I have **short fangs so I cannot bite through clothes.** My bite causes **mild symptoms and skin changes.** However **cobra venom** can cause **paralysis and respiratory failure**

SNAKE BITE MANAGEMENT

OUTSIDE HOSPITAL (RIT)

- **Reassure** the victim (70% of all snakebites are by non-venomous snakes and 50% of bites by venomous species are dry bites (negligible to no envenomation)
- **Immobilize** the affected limb (by bandage or clothes to hold splint, but tight arterial compression is not recommended)
- Promptly **transfer** victim to hospital

DON'T

- do not go near the snake, or try to catch or kill it
- do not try to suck or cut the poison (venom) out of the bite
- do not tie anything tightly round the part of the body where the bite is
- do not take aspirin or ibuprofen, as they can make bleeding worse

HOSPITAL TREATMENT

1. Start ABCD
2. Take sample for **20min whole blood clotting test**
3. **Treat shock** (resuscitate) if necessary
4. If signs of envenomation, start oxygen and IVF(R/L),
5. Take history, examination
6. Add additional investigations and treatments if necessary

Indications for Starting Anti-snake Venom

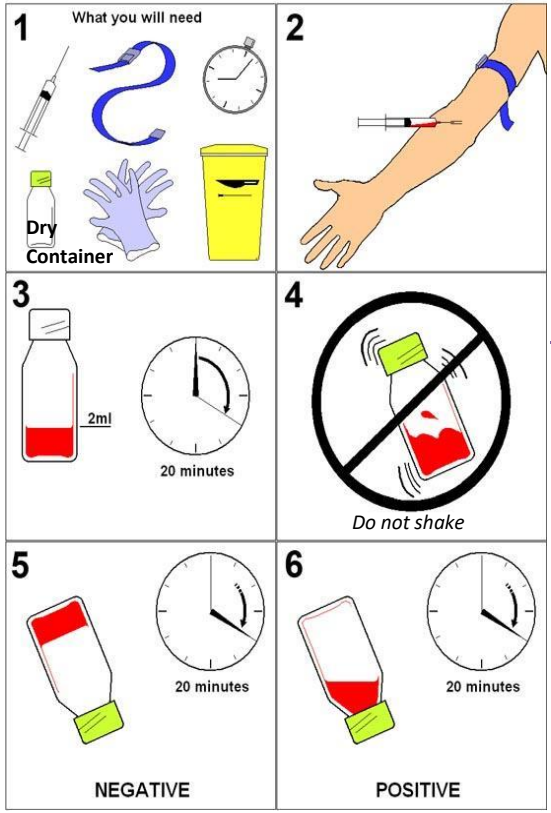
- Spontaneous systemic bleeding
- Whole blood clotting time >20 min
- Thrombocytopenia (platelets <100,000/mm^3)
- Abnormal electrocardiogram
- Generalized rhabdomyolysis and muscular pains
- Local swelling involving more than half of the bitten limb
- Development of an enlarged lymph node draining the bitten limb
- Ptosis and paralysis
- Acute renal failure
- Shock
- Rapid extension of swelling
- Arrhythmia
- Hyperkalemia

Assessment of severity of envenomation

No envenom.	**Absence of local or systemic reactions; fang marks (+/–)**
Mild envenomation	Fang marks (+), moderate pain, minimal local edema (0–15 ce), erythema (+), ecchymosis (+/–), no systemic reactions
Moderate envenomation	Fang marks (+), severe pain, moderate local edema (15–30 cm), erythema and ecchymosis (+), systemic weakness, sweating, syncope, nausea, vomiting, anemia, or low platelets
Severe envenomation	Fang marks (+), severe pain, severe local edema (>30 cm), erythema and ecchymosis (+), hypotension, paraesthesia, coma, pulmonary edema, respiratory failure

20 Minute Whole Blood Clotting Test

For diagnosis of coagulopathy following snakebite envenoming



CONVENTIONAL DOSE OF ASV

Degree of envenomation	Initial dose
Mild	5 vials (50 ml)
Moderate	5–10 vials (50–100 ml)
Severe	10–20 vials (100–200 ml)

Additional infusions of 5–10 vials (50–100 ml) are repeated until progression of swelling in the bitten part ceases and systemic signs and symptoms disappear

~20% of patients given ASV develop either early/late reaction.

If reaction to ASV occurs:

- Give **IM** adrenaline 1/1000 (0.5mg stat- adult, and 0.01mg/kg- child) Repeat same dose every 5-10mins
- Hydrocortisone- 100mg stat- adult; 2mg/kg-child
- Antihistamine (eg. Chlorpheneramine 10mg stat- adult;0.2mg/kg stat- child)

ANTI-SNAKE VENOM (ASV)

- Not every poisonous snakebite merits its use
  use only when there is a clear indication (when benefit > risk)
- Dose to be given is independent of age/ size of patient
- ASV comes as a dry powder. Reconstitute by diluting in 10 ml of N/S or D5W. Mix by swirling, not by vigorous shaking.
- **Administration:**
  - Slow IV injection at 2 ml/min **OR**
    IV infusion (anti-venom diluted in 5–10 ml/kg of N/S or 5% dextrose infused over 1 h)
  - Symptoms improve within 15-30mins.
  - If persistent repeat ASV after 1-2hrs from initial dose

SO OPARE