

SNAKE BITES

UPDATED
1/2024

ALL PROVIDERS / EMT

- Focused history and physical exam
 - Identify and document the type of snake, appearance, location, and distinguishing marks.
 - Obtain an accurate time of injury.
 - Clarify any first aid provided by friends or family prior to arrival.
 - Signs of envenomation including paresthesia, metallic taste, chills, nausea, vomiting, headache, dysphagia, cramps, hypotension, fever, local edema, blebs, and discoloration.
- Continuous cardiac monitor, ETCO₂, and pulse oximetry
- Treatment Plan**
 - Ensure scene safety by moving the patient to a safe distance, away from the snake.
 - Splint limb and place at the level of the heart.
 - Keep patient calm and movement to a minimum. You may need to treat for pain and/or anxiety to help achieve this goal
 - For Pain: refer to the *Pain Management Guideline*.**
 - For Anxiety: refer to the *Behavioral Emergencies Guideline*.**
 - Do not combine the two guidelines prior to contacting OLMC.**
 - Remove items that may constrict swelling tissue, such as rings or bracelets.
- Key considerations**
 - Do not start the IV or obtain blood pressure in the affected limb.
 - Do not apply ice to the limb.
 - Do not try to capture the snake.
 - Do not bring a live **or dead** snake to the ED.
 - Remember that snakes can reflexively envenomate up to 1 hour after death even without a head attached.
 - Pictures of the snake can be helpful.
 - Any snakebite can be dangerous and should be evaluated in the ED.
 - Watch for signs of shock and allergic reaction.

ADULT

PEDIATRIC (<15 years of Age)
NOTE: Pediatric weight based dosing should not exceed Adult dosing.

AEMT

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- Advanced airway, vascular access, and fluid therapy

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PARAMEDIC

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Persistent hypotension unresponsive to fluids

- ❑ **Epinephrine 2-10mcg** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >100 mmHg or **MAP of 65**
- ❑ **Push Dose Epinephrine 2-10mcg** as needed to maintain a SBP >100 mmHg or **MAP of 65**
- ❑ **Norepinephrine 0.1-0.5 mcg/kg/min** IV/IO infusion. Titrate up to 30 mcg/min to maintain a SBP >100 mmHg or MAP of 65.

Persistent hypotension unresponsive to fluids

- ❑ **Epinephrine 0.1–1 mcg/kg/min** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >70+ (age in years x 2) mmHg.
- ❑ **Push Dose Epinephrine 1mcg/kg** as needed to maintain a SBP >70 + (age in years x 2) mmHg.
- ❑ **Norepinephrine 0.05 - 0.1 mcg/kg/min** IV/IO infusion. Titrate to max of 2 mcg/kg/min to maintain SBP >70 + (age in years x 2) mmHg