

SNAKE BITES

UPDATED 3/2025

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 or bring snake (alive or dead) 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.

ADULT

PEDIATRIC

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.

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

