Toxinology Dept., Women's & Children's Hospital, North Adelaide SA 5006 AUSTRALIA

PROTOCOL FOR MANAGING A BITE BY Crotalus adamanteus

MANAGING LOCAL **TISSUE INJURY**

- Beware fluid shifts and secondary shock
- Avoid debridement of damaged tissue until any coagulopathy is resolved
- If compartment syndrome is suspected, confirm with direct pressure measurement & treat conservatively with mannitol
- Fasciotomy should only be used as a last resort and only after any coagulopathy is resolved
- Ensure tetanus prophylaxis

NO

- Use antibiotics only for confirmed infection

Victim is bitten

EMERGENCY MEASURES

Secure snake to prevent escape or further bites Apply First Aid

Call for ambulance

Notify hospital

AMBULANCE TRANSPORT

Bring with victim

- Medical Management summary for this snake
- Personal medical summary for this victim

ASSESSMENT AT HOSPITAL

EMERGENCY MEASURES

- Triage as top priority
- Insert IV line in upper limb opposite to bite site side
- Commence IV fluids 300ml/hr
- Take blood for tests
- Examine for local swelling, blistering, oozing of blood, shock, bleeding, ptosis

Is there significant local swelling or blistering? Is there developing shock, bleeding, ptosis?

NO

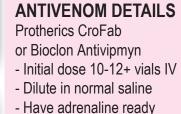
Observe closely in ICU, check frequently on extent of local reaction, cardiovascular status and look for developing shock, systemic bleeding, thrombocytopenia, ptosis

Victim develops progressive local swelling, shock, bleeding or thrombocytopenia, ptosis

- **FIRST AID** - Victim should lie down
- Immobilise the bitten limb with a splint
- Keep victim still
- Call for ambulance
- Notify local hospital
- Request hospital notify Prof. White and RAH ICU to organise retrieval
- Support breathing if imperilled
- Do not allow victim to eat or drink

LABORATORY TESTS

- electrolytes
- renal function
- complete blood picture
- CK
- INR, aPTT, d-dimer



- Have recsuss equip. ready
- Start slow, increase rate if no reaction

NO

Commence IV antivenom therapy as soon as available

YES

Monitor for signs of shock, paralysis, bleeding Repeat blood tests at 2 & 5 hrs after 1st set Monitor fluid input & output closely Beware hypovolaemic shock

Local swelling increases significantly OR Develops shock, bleeding, thrombocytopenia OR Develops ptosis, progressive paralysis

Give more antivenom Continue to monitor closely

YES

YFS