OCCUPATIONAL ENGLISH TEST

READING SUB-TEST – TEXT BOOKLET: PART A

CANDIDATE NUMBER:

LAST NAME:

FIRST NAME:

OTHER NAMES:

PROFESSION:

VENUE:

TEST DATE:

Passport Photo

CANDIDATE SIGNATURE _____

Snakebite including sea snake

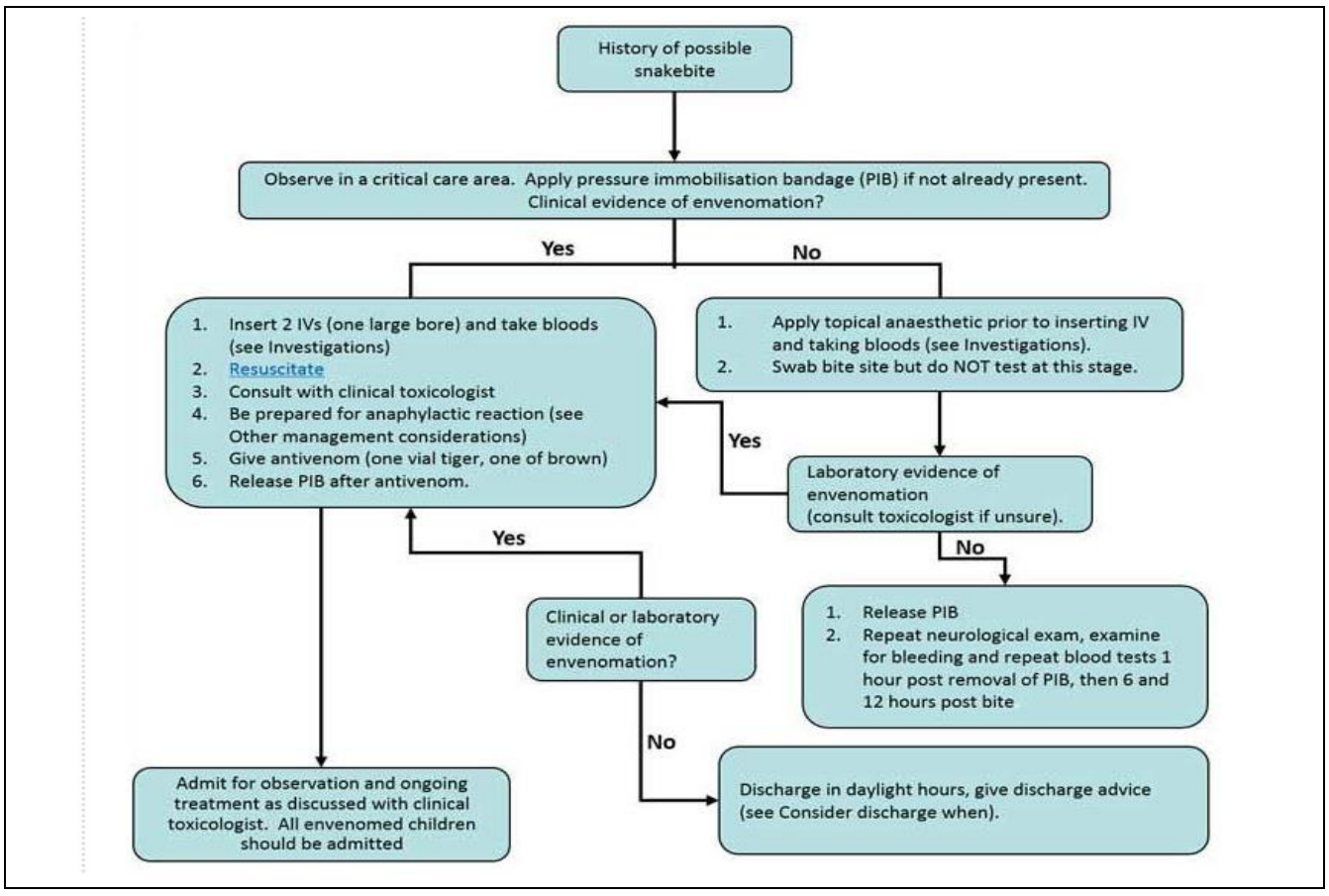
TEXT-A

- Every snakebite should be treated as potentially venomous
- Snakebite patients must be managed in a hospital with a monitored resuscitation area, access to 24 hour formal pathology laboratory and available antivenom, by staff able to manage the complications of anaphylaxis and envenomation
- Current 'Point of Care' testing has been proven unreliable for use in case of snake bite as false negatives have been reported in envenomed patients - Do not use point of care testing e.g. bedside INR tests

Signs and symptoms of envenomation:

– sudden collapse
– non-specific systemic effects e.g. nausea, vomiting, abdominal pain, headache
– coagulopathy: bleeding of gums, coughing, spitting or vomiting blood, prolonged bleeding from the bite or IV puncture site, blood in urine
– neurotoxicity: progressive paralysis - drooping of eyelids, uncoordinated eye movements, double vision, difficulty in swallowing, breathing or speaking, fatigue and irregular shallow breathing, gait disturbances, including weakness or poor coordination
– myotoxicity: muscle and back pain, tenderness, weakness

TEXT-B



TEXT-C

Procedure for pressure immobilisation bandage

- Use an elastic bandage relevant to size of patient
- Start at bite site using firm pressure (should be unable to easily slide a finger between the bandage and skin)
- Cover the bitten area first and then bandage upwards from the lower portion of the limb to cover as much of the affected limb as possible (see diagram). This includes application of the bandage, over the top of the clothes if necessary. The patient should be kept calm and still. Firm pressure bandages can be applied to bites on the trunk provided respiratory movement is not impeded
- Apply a splint including joints on either side of the bite to restrict limb movement (see illustration)
- If the bite is on the trunk, MO/NP may request to apply local pressure over the site and immobilize the patient
- Never let the patient walk
- Indicate on bandage the location of the snakebite (as per illustration)
- If a snakebite occurs and only one other person is present and no vehicular transport is available, it is probably safest to apply a pressure bandage and splint, then leave the bitten patient to get help
- In isolated areas, if bitten when alone, apply local pressure if possible. The patient should move themselves to seek urgent help

TEXT-D

Snake Venom Detection Kits (SVDK)

- SVDK are expensive and should only be used in conjunction with clinical and biochemical examinations.
- They should be kept only at locations that stock a range of antivenoms e.g. Rural Hospitals with an MO/NP, access to 24 hour pathology, monitored resuscitation area.
- There is no place for SVDK in locations that carry no antivenom or only polyvalent antivenom
- The SVDK is a guide only in the choice of antivenom. More often than not the local geography in association with the clinical examination and blood test results determine the choice of antivenom
- A positive skin SVDK does not indicate envenomation nor does it indicate antivenom use. In the context of an abnormal clinical examination and/or blood tests it may assist in antivenom use
- A negative skin SVDK test does not indicate a non-venomous snake and does not alter management
- A positive urine SVDK may indicate envenomation, however false positives can occur especially for brown snake

When definite envenomation has occurred, delay in treatment could be life threatening. Consult MO/NP and give snake antivenom as ordered. The choice of antivenom will be based on clinical examination. Rarely a patient will be so unwell that they will require antivenom before appropriate assessment