

SNAKE BITES

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.
 - Coral Snakes in North America – “Red on touches Yellow = Poison Fellow, Red on touches Black = Safe with attack”.
 - Signs of envenomation include paresthesia, metallic taste, chills, nausea, vomiting, headache, dysphagia, cramps, hypotension, fever, local edema, blebs, and discoloration.
- ☐ Continuous cardiac monitor, ETCO2, and pulse oximetry, when available.
- ☐ **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 per *Pain and Anxiety Management Guideline*.
 - Remove items that may constrict swelling tissue, such as rings or bracelets.
- ☐ **Key considerations**
 - Do not start the IV in the affected limb.
 - Do not apply ice to the limb.
 - Do not try to capture the snake.
 - Do not bring a live snake to the ED.
 - Remember that snakes can reflexively envenomate up to 1 hour after death.
 - 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

- ☐ Advanced airway, vascular access, and fluid therapy.

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PARAMEDIC

- Persistent hypotension unresponsive to fluids**
- ☐ **Epinephrine 2–10 mcg/min** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >100 mmHg.
 - ☐ **Push Dose Epinephrine 10mcg** as needed to maintain a SBP >100 mmHg after fluid bolus
 - ☐ **Norepinephrine 0.3-3 mcg/min** IV/IO infusion for hypoperfusion. Titrate to maintain a SBP >100 mmHg.

PARAMEDIC

- Persistent hypotension unresponsive to fluids**
- ⌚ **Epinephrine 0.1–2 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** (dose per appendix) as needed to maintain a SBP >70 + (age in years x 2) mmHg after fluid bolus
 - ⌚ **Norepinephrine** initial dose: **0.05 - 0.1 mcg/kg/min**, titrate to max of 2 mcg/kg/min to maintain SBP >70 + (age in years x 2) mmHg