Insurance Event Report – Medical Emergency

(Snakebite, Negev Desert, Israel)

Insured: Alex (Canada, tourist)

Date of Incident: September 3, 2025

Location: Negev Desert, Israel

Event: Snakebite during guided hike

Medical Response: Helicopter evacuation, antivenom, hospitalization at Soroka

Policy: Tour & Care – full coverage applicable

Alex, a 34-year-old tourist from Canada, embarked on what was meant to be a memorable guided hike in the Negev Desert, near Mitzpe Ramon, on September 3, 2025. The day had started early in the morning at approximately 07:15, with the tour group gathering near the visitor center. The air was already warm, the desert sun slowly rising above the cliffs, and the participants were briefed by the guide about the challenges of the rocky terrain, the importance of hydration, and the necessity of careful movement.

At 09:05, the group began their ascent along a narrow trail that wound between massive sandstone formations. Alex, carrying a small backpack with water and basic supplies, felt excited to experience the desert's raw beauty. The guide pointed out geological formations, rare desert plants, and traces of wildlife that had adapted to the harsh conditions. Around 10:45, the group paused for a short break in the shade of a cliff. Everyone was sweating under the relentless sun, and Alex noted that despite the heat, he still felt strong and ready to continue.

By 11:30, the hikers reached a more exposed plateau where the ground was littered with loose rocks. As Alex carefully maneuvered over a large boulder, he suddenly felt an acute sting in his right ankle. Looking down, he saw the distinctive triangular head of a desert viper retreating into the cracks of the stone. At 11:32, the pain intensified, swelling appeared almost immediately, and Alex felt waves of nausea. He tried to remain calm but dizziness forced him to sit down. The guide quickly approached, recognizing the urgency of the situation, and immobilized his leg.

The call was placed at 11:37, and emergency services advised immediate evacuation given the dangerous location and the likelihood of venom spreading quickly. At 11:50, confirmation arrived that a medical helicopter had been dispatched from Be'er Sheva. The group did their best to comfort Alex, who at this point was pale, sweating heavily, and struggling to remain conscious. The guide monitored his pulse and ensured he was lying flat on the ground, shaded by improvised coverings made from other hikers' gear.

At 12:15, the distinctive sound of helicopter blades echoed through the desert canyons. Within minutes, paramedics descended and assessed Alex's condition. His vitals showed elevated heart rate and dropping blood pressure, classic signs of systemic envenomation. At 12:20, he was stabilized with intravenous fluids and pain medication before being lifted into the helicopter. The desert beneath him disappeared rapidly as the aircraft raced toward Soroka Medical Center in Be'er Sheva.

By 13:05, Alex had arrived at the hospital's emergency department, where a specialized toxicology team

was already on standby. Blood samples were drawn at 13:12, and by 13:20 antivenom was administered intravenously. The medical team closely observed his coagulation markers and kidney function, knowing that venom of this type could cause severe complications if untreated. At 13:35, Alex was placed under continuous monitoring, and his pain was managed with morphine.

During the next hour, from 14:00 to 15:00, Alex showed gradual stabilization. Swelling remained significant but systemic symptoms began to decline. At 15:05, he was transferred to the intensive care unit for closer observation. Nurses recorded his progress at regular intervals: 15:20, 15:40, and 16:00, ensuring his blood pressure stabilized and there was no sign of organ failure.

By the following morning, September 4 at 08:30, Alex's condition had improved enough to warrant transfer to a general ward. There he remained for two additional days, receiving antibiotics to prevent secondary infection, ongoing pain relief, and physiotherapy guidance to protect his injured leg. On September 6 at 10:15, swelling had reduced significantly, systemic parameters normalized, and he was officially discharged with strict instructions for two weeks of limited physical activity, daily wound care, and follow-up visits.

The incident left Alex with not only physical scars but also a profound sense of vulnerability. He reflected that at 11:30, in a single unexpected moment, his adventure had nearly turned fatal. Yet, thanks to the swift actions of his guide, the coordination of emergency services at 11:37, the arrival of the helicopter at 12:15, and the professionalism of the hospital staff at every stage, he survived without permanent damage.

Name	Role / Relation	Key Observation	Relevance to Claim
David	Tour guide	Immobilized Alex's leg, coordinated emergency call.	Confirms rapid and professional first aid response.
Lena	Fellow tourist	Witnessed snake retreat, provided shade during wait.	Independent corroboration of hazard and group response.
Paramedic	Emergency staff	Stabilized vitals on site before airlift.	Validates severity and necessity of helicopter evacuation.
Nurse	ICU staff	Recorded hourly vitals, noted stabilization by evening.	Confirms hospital care progression and monitoring.

The unfolding of the incident began shortly after the group had started the hike that morning. At approximately 09:15 on September 3, 2025, the desert sun was already intense, and the hikers were advised to conserve energy and water. As the group progressed over uneven terrain, Alex maintained a steady pace but showed signs of strain around 11:20, pausing more frequently than others. At 12:05, while stepping across a large boulder, the sudden bite occurred. Alex immediately felt sharp, burning pain radiating from his ankle, and within minutes, noticeable swelling and redness spread across the lower leg.

The tour guide reacted swiftly, recording the time of the bite at 12:10 and applying first aid procedures that had been rehearsed in training sessions. By 12:18, the emergency call to Magen David Adom was placed, and by 12:25 confirmation was received that a medical helicopter had been dispatched. While waiting, the group attempted to shield Alex from the sun, offering fluids and reassurance. His symptoms escalated rapidly: dizziness at 12:32, nausea at 12:37, and a marked decrease in stability by 12:40.

The helicopter arrived overhead at 12:50, touching down in a nearby clearing by 12:55. By 13:05, Alex was carefully lifted aboard under medical supervision and transported toward Soroka Medical Center. The group remained at the site until 13:20, when confirmation arrived that the helicopter had safely departed toward Be'er Sheva.

Table 2 – Environmental and Logistical Notes

Parameter	Observation
Temperature (midday)	36.5°C
Humidity	21%
Terrain type	Rocky desert plateau with scattered boulders
Visibility	Clear, no sandstorm activity
Group size	12 participants including guide
Communication method	Satellite phone (due to poor mobile coverage)
Distance from nearest road	14 km
Estimated helicopter flight time	25 minutes to Soroka Medical Center
Water supply carried	2 liters per person, 1 liter consumed by Alex
Protective gear available	Standard hiking boots, hats (no snake gaiters)

to ensure he received comprehensive monitoring. In the early hours of September 4, 2025, at 02:15 in the morning, nurses recorded a significant reduction in swelling, though pain levels remained high. A few hours later, at 07:30 that same morning, doctors conducted a follow-up blood test, confirming that the antivenom had effectively neutralized the venom's impact on clotting factors. The tour guide, who had accompanied Alex to the hospital, observed his gradual improvement while maintaining close contact with his family back in Canada.

Throughout the day, Alex was encouraged to perform limited mobility exercises under supervision. During the afternoon round on September 4, at 14:05, the physiotherapist introduced basic ankle movements, carefully tracking his tolerance and noting discomfort levels. This moment, though minor, marked the beginning of a long rehabilitation journey. By the evening of September 4, at 20:40, doctors authorized his transfer from the ICU to a general ward, acknowledging his stable vitals and positive response to treatment

Observer	Role	Unique Note
Hospital Dietitian	Specialist	Recommended low-sodium diet to reduce swelling.
Ward Administrator	Staff	Coordinated transfer paperwork ICU → General ward.
Family Liaison Officer	Hospital Staff	Maintained daily updates with Alex's relatives abroad.

After Alex had been stabilized in the general ward, the attending physicians emphasized the importance of continuous monitoring, since venom-related complications could still appear hours after the initial treatment. At approximately 09:15 on September 5, 2025, the nursing staff recorded a sudden rise in Alex's heart rate, though it quickly subsided after additional fluids were administered. The entry in the ward's medical chart confirms that the intervention was timely and effective.

Later that afternoon, around 14:50, a consultation was carried out with a toxicology specialist from Tel Aviv Sourasky Medical Center, who reviewed Alex's laboratory results via telemedicine. The specialist confirmed that coagulation values were within safe ranges and recommended reducing the dosage of intravenous painkillers to avoid unnecessary sedation. This exchange demonstrates the careful cross-hospital collaboration that reinforced Alex's safe recovery.

On September 6, 2025, during the morning rounds at approximately 08:40, the physiotherapy unit entered the ward to encourage early mobilization. Alex was instructed to sit upright and attempt limited steps with assistance. Although discomfort was significant, he managed to complete the exercise without signs of dizziness. These efforts were documented as critical in preventing muscular stiffness and improving circulation, preparing him for faster rehabilitation after discharge.

Throughout the remainder of his stay, routine checks were performed at intervals of four to six hours, with each entry marked precisely in the nursing log. At 19:30 that evening, Alex's swelling had visibly decreased, and his vital signs remained stable, confirming that the risk of systemic deterioration had passed.

This progression highlights the structured chain of medical actions – rapid recognition of new symptoms, external expert consultation, gradual reintroduction of physical activity, and detailed documentation of every stage. Together, these steps show how the hospital maintained both immediate safety and long-term recovery prospects.

Table – Supplemental Observations (Page 4)

Observer / Role	Independent Note	Relevance to Claim
Ward Nutritionist	Adjusted diet to high-protein meals for healing.	Shows supportive measures beyond direct medical care.

Clinical Pharmacist	Verified dosage of antibiotics and antivenom.	Ensures safe administration of high-risk medication.
Hospital Administrative Officer	Logged approval for helicopter reimbursement.	Connects procedural documentation to coverage validation.
Cleaning Staff (ward)	Reported no environmental hazards in recovery room.	Confirms safe conditions, ruling out external factors.

By the morning of September 7, 2025, at approximately 07:25, Alex reported that the intensity of the pain in his ankle had lessened considerably. The nursing staff documented a reduction in swelling and discoloration, and for the first time since the incident, Alex managed to place his foot gently on the ground without assistance. This moment was a turning point, signaling that the acute effects of the venom had subsided and that recovery was progressing as expected.

Later that day, at 12:40, a follow-up blood test was performed to evaluate kidney and liver functions, as venom toxins sometimes cause delayed organ involvement. The results, which became available by 14:05, indicated no abnormalities, strengthening the medical team's confidence that the immediate danger had passed.

During visiting hours in the evening, around 18:20, Alex's tour guide arrived to check on his condition. The guide provided a detailed account of the first-aid procedures performed at the site of the bite, including the immobilization of the leg and the avoidance of unnecessary movement. The hospital staff added this information to Alex's medical record, ensuring that the chronology of care was fully documented.

Before midnight, at 23:10, a senior physician conducted a final daily review and confirmed that Alex was medically stable enough to be discharged the following morning, provided that physiotherapy and outpatient monitoring continued. This sequence illustrates the smooth transition from acute emergency care to routine recovery, with every stage timed, recorded, and cross-verified for accuracy.

Table – Supplemental Observations (Page 5)

Independent Role	Observation	Relevance
Social Worker	Spoke with Alex about potential psychological stress.	Demonstrates holistic care beyond physical injury.
Physiotherapy Assistant	Prepared at-home exercise plan for ankle mobility.	Reinforces continuity of rehabilitation after discharge.
Billing Department	Confirmed helicopter invoice was processed to insurer.	Supports seamless financial handling.

Hospital Volunteer	Assisted Alex with translation to Hebrew forms.	Ensures transparency and accessibility during treatment.

As the incident approached its conclusion, it became necessary to summarize the entire chain of events in a structured and comprehensive way. From the first painful encounter in the desert, through the rapid mobilization of emergency services, and culminating in the specialized medical treatment provided, every stage of the response proved vital to the insured's recovery. The sequence began shortly after midday on September 3, 2025, at 12:14, when the first signs of distress appeared. Just five minutes later, at 12:19, a call for help was placed, setting in motion a chain of urgent actions. By 12:47 that same afternoon, the helicopter evacuation was already underway, ensuring that no precious time was lost.

Upon arrival at the hospital at 13:28 on September 3, the insured was immediately administered antivenom. This prompt intervention prevented systemic complications that could have been life-threatening. Continuous supervision was maintained until gradual stabilization was confirmed the following day, September 4, at 14:56. The transfer to the general ward after this point signaled a decisive improvement in his condition. Finally, on the morning of September 6, at 10:12, the insured was formally discharged, free to continue recovery outside the hospital with clear rehabilitation instructions.

This timeline underscores not only the seriousness of the event but also the remarkable efficiency of the coordinated emergency response. Each medical intervention, logistical decision, and support measure provided to the insured was precisely aligned with professional standards, ensuring that the consequences of the accident were minimized. The report therefore provides a clear account of a sudden and unexpected accident abroad, where timely intervention and specialized care played a central role in safeguarding the insured's life. It also highlights the significant financial burden created by such emergencies, further emphasizing the necessity of comprehensive travel insurance coverage.

Category	Details
Type of Incident	Wildlife-related injury (venomous snake bite)
Duration of Treatment	3 days in hospital + 14 days recovery period at home/hotel
Primary Medical Risks	Neurotoxic effects, clotting disorders, risk of infection
Recovery Status	Stabilized, discharged, ongoing recovery
Ancillary Costs	Follow-up visits, medication beyond hospitalization, transport