Clinical Practice Guidelines:
Toxicology and toxino/Envenomation – Snake

<table>
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<tr>
<th>Policy code</th>
<th>CPG_TO_ESN_0120</th>
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<tr>
<td>Date</td>
<td>January, 2020</td>
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<tr>
<td>Purpose</td>
<td>To ensure a consistent approach to patients who have been exposed to a snake envenomation.</td>
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<td>Scope</td>
<td>Applies to Queensland Ambulance Service (QAS) clinical staff.</td>
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<td>Health care setting</td>
<td>Pre-hospital assessment and treatment.</td>
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<td>Population</td>
<td>Applies to all ages unless stated otherwise.</td>
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<tr>
<td>Source of funding</td>
<td>Internal – 100%</td>
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All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

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Australia has some of the most venomous snakes in the world including brown, tiger, black, taipan, death adder and sea snakes. All of these snakes are found in Queensland. All patients with a history of snake bite or possible snake bite should be transported to hospital for assessment and management as envenomation can be life-threatening. Most snake bites do not result in envenomation.

### Clinical features

**Symptoms of envenomation include:**

- Local effect
  - Local pain, swelling, bruising
  - Regional lymphadenopathy
- Systemic symptoms
  - Nausea, vomiting, headache, abdominal pain, diarrhoea, diaphoresis
- Sudden collapse
- Neurotoxicity
  - Ptosis, blurred vision, dysarthria
  - Descending flaccid paralysis
- Coagulopathy
  - Bleeding from bite site, cannula sites, gums

### Clinical features (cont.)

- Myotoxicity
  - Muscle pain/tenderness
- Thrombotic microangiopathy
  - Renal impairment
  - Haemolytic anaemia
  - Low platelets

### Risk assessment

- Do not attempt to capture or injure the snake.
- Snake envenomation may occur without definite puncture marks. The wound may resemble a scratch or superficial lacerations.
Additional information

- Early administration of antivenom is recommended in cases of snake envenomation. Early pre-notification to the receiving hospital should occur in cases of suspected snake envenomation.

CPG: Clinician safety
CPG: Standard cares

Arrest, shock or respiratory distress?

- Immobilise the patient
- Do not wash the bit site
- Cover the bite site with a dressing

IF LIMB INVOLVED:
- Apply pressure immobilisation bandage and mark the bite site
- Splint limb

Consider:
- IV access
- Analgesia
- Antiemetic

Manage as per appropriate CPG:
- CPG: Resuscitation – Adult
- CPG: Resuscitation – Paediatric
- CPG: Shock

Consider:
Pressure immobilisation bandage

Transport to hospital
Pre-notify as appropriate

Note: Clinicians are only to perform procedures for which they have received specific training and authorisation by the QAS.