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|  | | **Emergency department**Suspected snake bite clinical pathway (VICTORIA) | SURNAME | URN | | **Emergency department – Suspected snake bite clinical pathway** |
| GIVEN NAME | DOB | GENDER |
| ADDRESS | | |
| SUBURB  POSTCODE | TELEPHONE | |
| **Date:\_\_\_/\_\_\_/\_\_\_**  **Time of suspected snake bite:\_\_\_\_:\_\_\_\_**  This clinical pathway only applies to suspected Victorian community-acquired snake bites in patients who are not snake handlers. Specific advice regarding bites in snake handlers and from exotic snakes should be obtained from a clinical toxicologist. | | | | | |
| **If unsure at any stage, seek advice from a clinical toxicologist (Victorian Poisons Information Centre (VPIC) 13 11 26)** | | | | | Initial if completed |
| **IMMEDIATE MANAGEMENT** | **Apply pressure bandage, immobilise limb and immobilise the person** | | | | |
| * Use a broad 10–15cm elasticised bandage. * Apply the bandage to cover the whole limb. Start the bandage distally (toes/fingers) and continue up the limb to include the bite site, as high as possible. The bandage should be fitted as firm as if bandaging a sprained ankle. * Immobilisation of the limb (e.g. splint) and immobilisation of the patient (e.g. bed rest) is essential. * **Time pressure bandage applied \_\_\_\_:\_\_\_\_\_** | | | |  |
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| **ASSESSMENT OF INITIAL BLOODS** | **Assess for clinical or laboratory evidence of envenomation** | | | | |
| Initial bloods: INR, APTT, fibrinogen, FBE and film, CK, UEC, quantitative D-dimer. | | | |  |
| **Early discussion with a clinical toxicologist (VPIC 13 11 26) is strongly recommended in the following instances to determine if antivenom is required:**   * any patient with significant symptoms (especially headache, vomiting or early collapse) or any patient who appears systemically unwell * any abnormality of INR, APTT, fibrinogen, D-dimer, full blood count (leukocytosis) or CK > 1,000 IU/L.   **Treat as envenomed if there is:**   * History of unconsciousness, collapse, convulsions or cardiac arrest (concurrent with usual emergency care) * Neurotoxic paralysis (e.g. ptosis, ophthalmoplegia, limb weakness, respiratory effects) * Coagulopathy (e.g. unclottable blood, INR > 1.3, prolonged bleeding from wounds and venepunctures)   Commence *Snake bite envenomation clinical pathway* and seek advice from a clinical toxicologist (VPIC 13 11 26). | | | |  |
| **No clinical or laboratory evidence of envenomation** | | | | |
| Release pressure bandage immobilisation.  **Time:\_\_\_\_:\_\_\_\_** | | | |  |
| 1 hour post removal of pressure bandage immobilisation:   * Neurological exam. * Repeat bloods: INR, APTT, fibrinogen, CK, FBE, UEC, quantitative D-dimer. | | | |  |

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|  | | **Emergency department** Suspected snake bite clinical pathway  **(VICTORIA)** | | SURNAME | | URN | | | **Emergency department – Suspected snake bite clinical pathway** |
| GIVEN NAME | | DOB | GENDER | |
| ADDRESS | | | | |
| SUBURB  POSTCODE | | TELEPHONE | | |
|  | | | | | | | | |
|  | | | | | | | | Initial if completed |
| **UP TO 6HRS POST SUSPECTED BITE** | **Clinical or laboratory evidence of envenomation** | | | | | | | |
| Commence *Snake bite envenomation clinical pathway* and seek advice from a clinical  toxicologist (VPIC 13 11 26). | | | | | | | |
| **No clinical or laboratory evidence of envenomation** | | | | | | | |
| 6 hours post suspected snake bite:   * Neurological exam.   Repeat bloods: INR, APTT, fibrinogen, CK, FBE and film, UEC, quantitative D-dimer. | | | | | | | |
| **6-12HRS POST SUSCPECTED BITE** | **Clinical or laboratory evidence of envenomation** | | | | | | | |
| Commence *Snake bite envenomation clinical pathway* and seek advice from a clinical toxicologist (VPIC 13 11 26). | | | | | | |  |
| **No clinical or laboratory evidence of envenomation** | | | | | | | |
| 12 hours post suspected snake bite:   * Neurological exam * Repeat bloods: INR, APTT, fibrinogen, CK, FBE, UEC, quantitative D-dimer. | | | | | | |  |
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| **DISCHARGE CONSIDERATIONS** | **Clinical or laboratory evidence of envenomation** | | | | | | | |
| Commence *Snake bite envenomation clinical pathway* and seek advice from a clinical toxicologist (VPIC 13 11 26). | | | | | | |  |
| **No clinical or laboratory evidence of envenomation** | | | | | | | |
| Criteria for discharge   * Normal neurological exam * Normal bloods: INR, APTT, fibrinogen, platelet count, D-dimer, CK and renal function at 12 hours after time of suspected bite. | | | | | | |  |
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| Pathway completed by: | | | | | | | | |
| **Name:** | | | **Sign:** | | **Designation:** | | | |
| **Date: \_\_\_/\_\_\_/\_\_\_** | | | **Time: \_\_\_\_:\_\_\_\_** | |  | | | |