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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 |
| SUBURBPOSTCODE | 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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| GIVEN NAME | DOB | GENDER |
| ADDRESS |
| SUBURBPOSTCODE | 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 clinicaltoxicologist (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: \_\_\_\_:\_\_\_\_** |  |