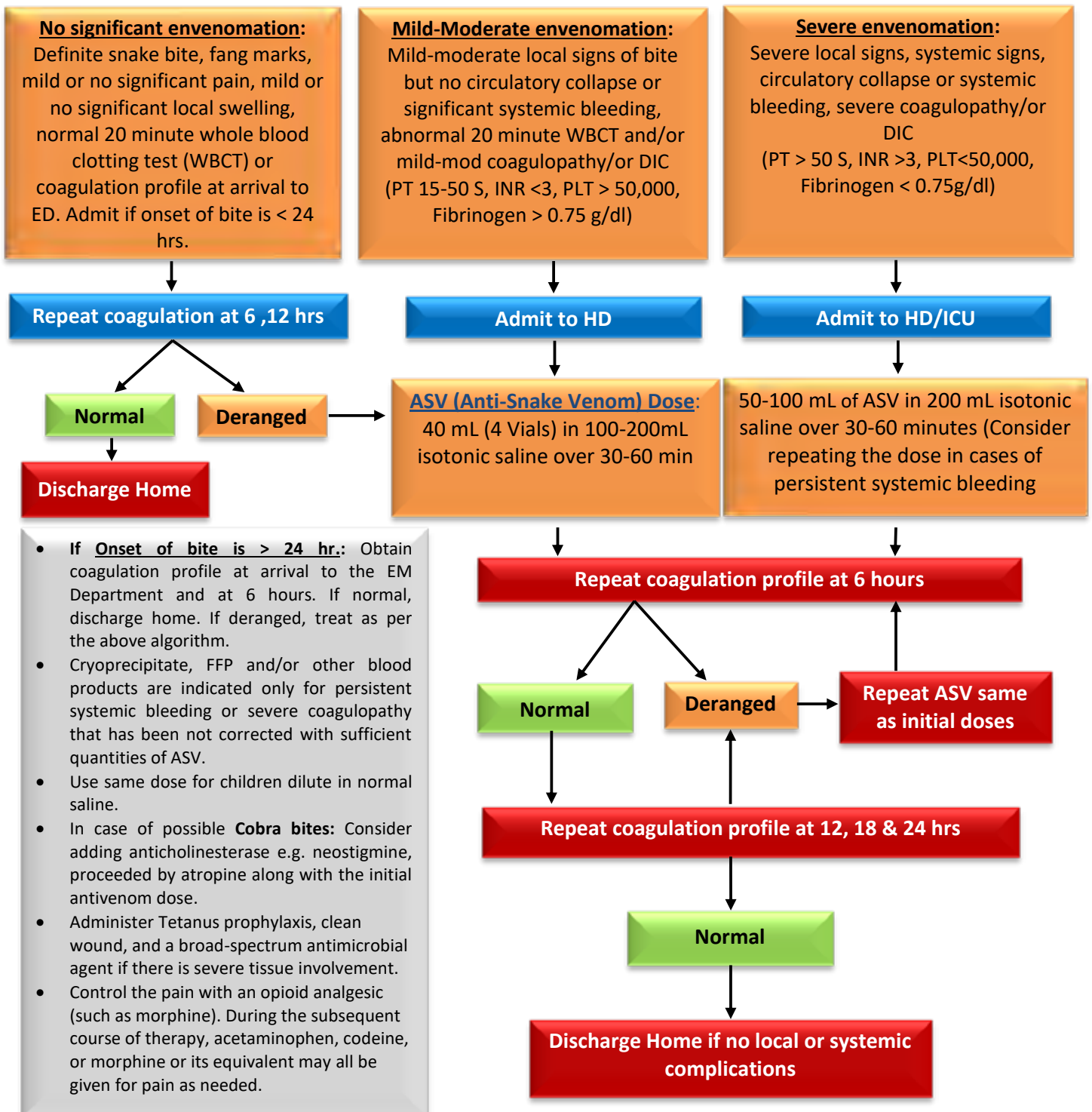


Management of Haemotoxic Snake Bite

Obtain initial history to include circumstances of bite (how, when victim was bitten), previous therapy, symptoms, allergy history, prior history of snakebite, the treatment involved in prior bites, present health status

Maintain a patent airway. Administer oxygen with or without mechanical ventilatory support, as needed. Hypovolemic shock due to capillary leakage and changes in vascular tone are a threat. Titrate fluid needs carefully



- If **Onset of bite is > 24 hr.:** Obtain coagulation profile at arrival to the EM Department and at 6 hours. If normal, discharge home. If deranged, treat as per the above algorithm.
- Cryoprecipitate, FFP and/or other blood products are indicated only for persistent systemic bleeding or severe coagulopathy that has been not corrected with sufficient quantities of ASV.
- Use same dose for children dilute in normal saline.
- In case of possible **Cobra bites:** Consider adding anticholinesterase e.g. neostigmine, preceded by atropine along with the initial antivenom dose.
- Administer Tetanus prophylaxis, clean wound, and a broad-spectrum antimicrobial agent if there is severe tissue involvement.
- Control the pain with an opioid analgesic (such as morphine). During the subsequent course of therapy, acetaminophen, codeine, or morphine or its equivalent may all be given for pain as needed.