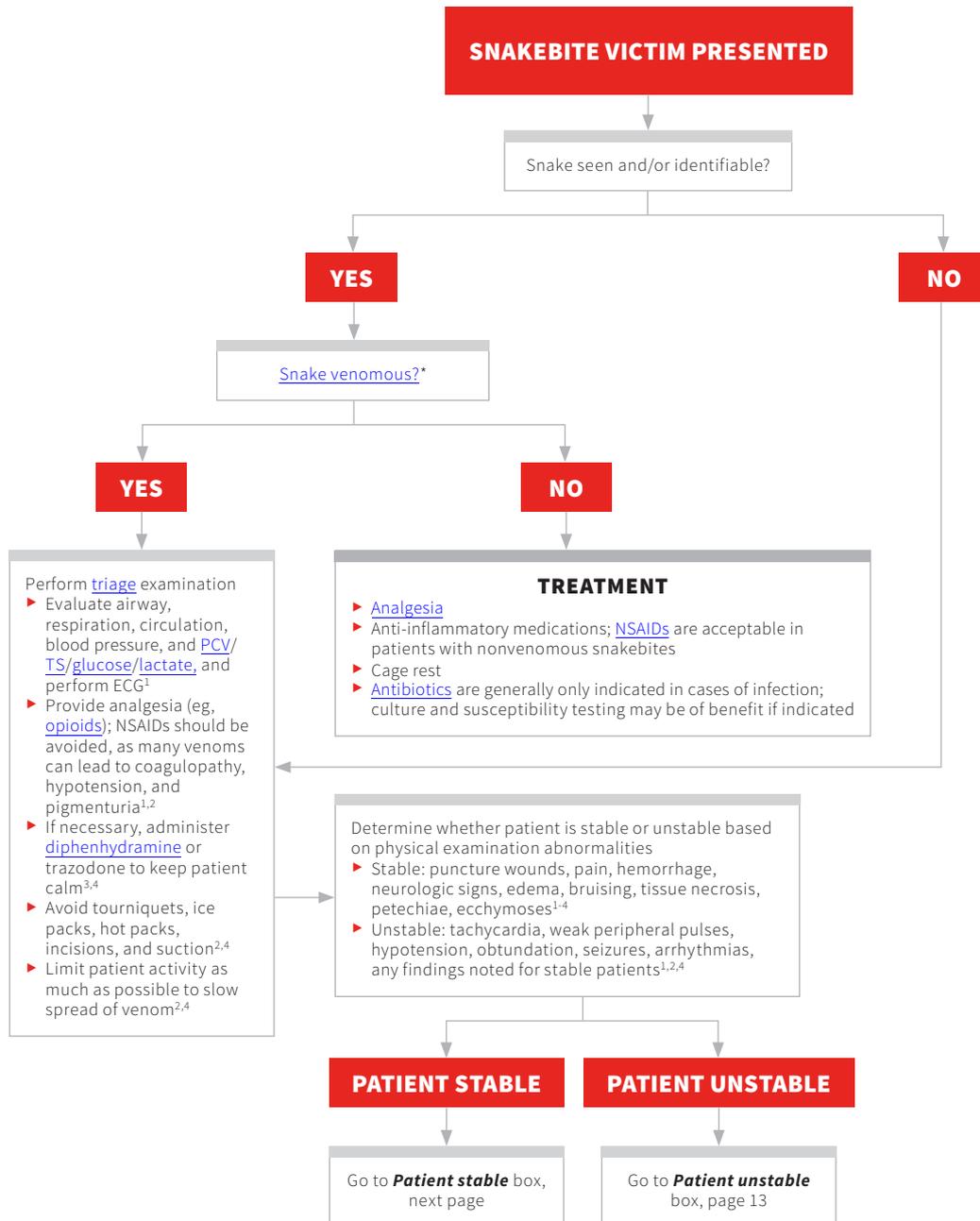


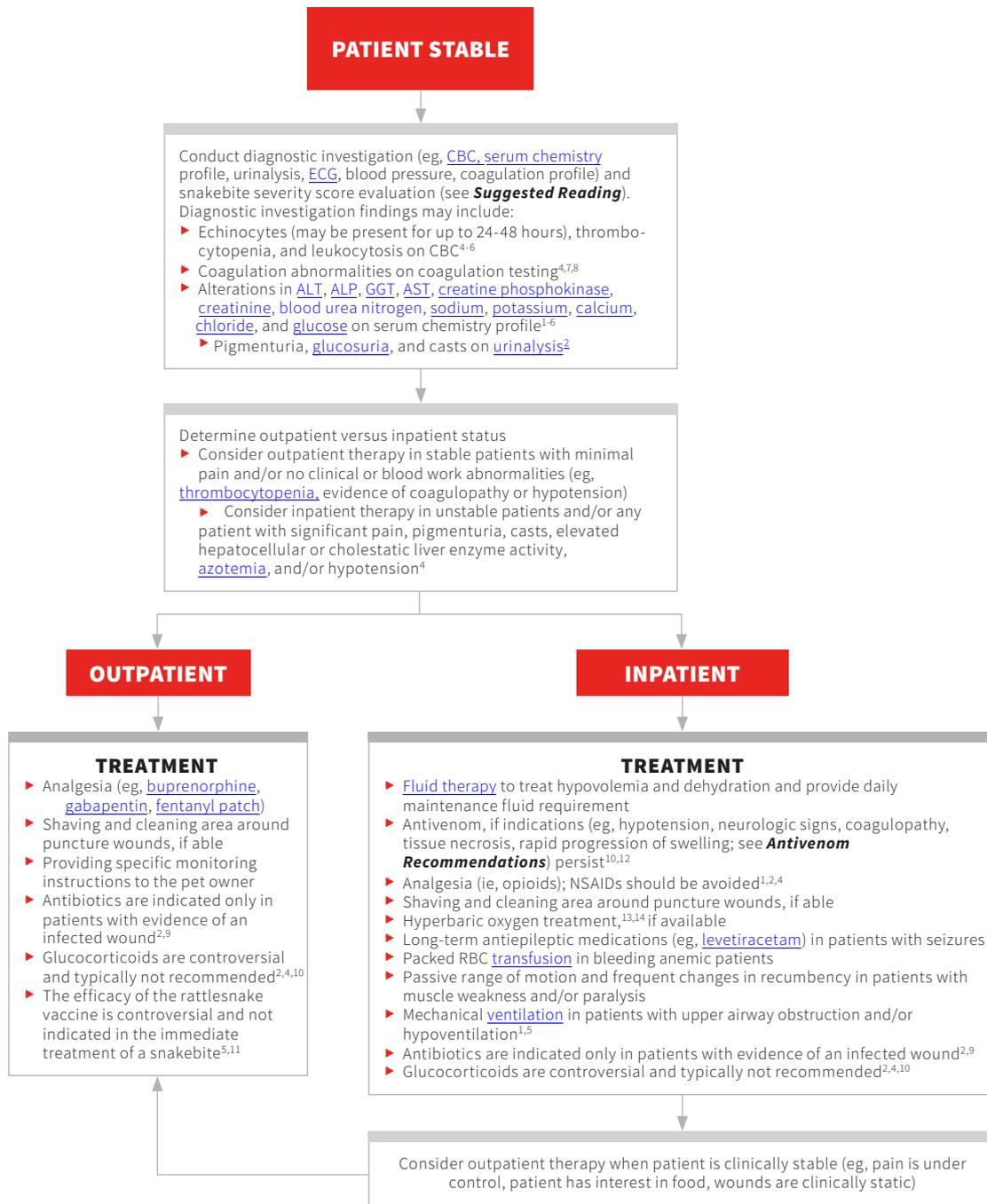
# SNAKE ENVENOMATION

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\*Coral snakes and pit vipers (eg, rattlesnakes, copperheads, water moccasins, cottonmouths) are among the venomous snakes found in the United States.<sup>2,4</sup>

PCV = packed cell volume  
TS = total solids



ALP = alkaline phosphatase  
 ALT = alanine transaminase  
 AST = aspartate aminotransferase  
 GGT = gamma-glutamyl transferase

## PATIENT UNSTABLE

### TREATMENT

Address life-threatening abnormalities

- ▶ Fluid bolus of isotonic crystalloids (10-25 mL/kg over 15 minutes) in patients with hypotension, then reassessment of patient.<sup>15</sup> Vasopressors may be required in certain patients
- ▶ Benzodiazepines in patients with active seizures
- ▶ Analgesia (ie, opioids); NSAIDs should be avoided<sup>1,2,4</sup>
- ▶ Antivenom (see **Antivenom Recommendations**)<sup>2,11</sup>
- ▶ Antiarrhythmics (eg, [lidocaine](#), [procainamide](#), [amiodarone](#)) as needed
- ▶ [Oxygen](#) supplementation as needed<sup>10</sup>
- ▶ Intubation and mechanical ventilation in patients with airway obstruction and/or hypoventilation<sup>1,5</sup>
- ▶ Vasopressors in patients with hypotension unresponsive to fluid therapy

After patient is stable, go to **Patient stable** box

## ANTIVENOM RECOMMENDATIONS

- ▶ Clinicians should start with one vial of antivenom per patient; however, patients with a lower body weight may require more antivenom,<sup>1-5</sup> as smaller patients tend to receive a larger amount of venom per kg of body weight when bitten (eg, a Chihuahua vs a Great Dane injected with the same amount of venom).<sup>5</sup>
- ▶ If the antivenom is lyophilized, one vial should be reconstituted with crystalloid fluids (100-250 mL).<sup>5</sup>
- ▶ Antivenom should be administered intravenously over 1 to 2 hours.<sup>2,3</sup>
- ▶ Patients should be monitored for signs of anaphylactoid/anaphylactic reactions.
- ▶ Diphenhydramine may be considered if anaphylaxis or a mild anaphylactoid reaction to the antivenom is suspected, whereas epinephrine and intravenous fluids should be administered for severe anaphylaxis/anaphylactoid reactions.<sup>2</sup> Administration of antivenom should be stopped in both instances.<sup>4</sup> However, if the reaction is not severe, administration of antivenom should be slowly resumed after approximately 20 to 60 minutes.<sup>4</sup> Additional support in patients with hypotension (eg, vasopressors) and/or respiratory signs (eg, mechanical ventilation) may be required.<sup>1</sup>

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## Suggested Reading

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