

## Snakebite Management in Emergencies

**Key Medically Significant Species: Russell's Viper (85% of bites) (Haemotoxic)  
Monocled Cobra (Neurotoxic)**

### First Aid

No tourniquets, cutting and or sucking.

**R**eassure the patient, **I**mmobilise like a fracture, **G**et to **H**ospital fast, **T**ell the doctor of signs such as bleeding or drooping eyelids that develop on way to hospital.

### Treatment

Assess Patient for 24 hours

### Give ASV ONLY if:

1. Incoagulable blood measured by 20Whole Blood Clotting Test in GLASS, NEW, DRY test tube or vessel.
2. **Visible neurological signs such as ptosis/ respiratory impairment**

### ASV Initial Dose:

1. Incoagulable blood 4 vials Myanmar ASV over 1 hour
2. Neurotoxic signs 6 vials Myanmar ASV over 1 hour

### Anaphylactoid Reaction to ASV

0.5mg Adrenaline IM (Adults); 0.01mg/kg (Juveniles) Deltoid Muscle

Wait 10-15 minutes if symptoms not improved repeat same dose

Support with 100mg Hydrocortisone and H1 Antihistamine

One or two doses of adrenaline will solve problem and ASV is recommenced.

### If Neurotoxic:

Measure Single breath count

1.5 mg Neostigmine given IM, 0.6mg atropine given IV

Repeat Single breath count every 10 minutes for 1 hour

If improves give 0.5mg neostigmine every 30 minutes until recovery, if no improvement discontinue neostigmine.

Monitor patient for 1-2 hours, if symptoms do not improve or worsen i.e. paralysis descends repeat dose of 4 vials of ASV. **Maximum 12 vials.**

If patient unable to perform supine neck lift prepare for respiratory support with mechanical ventilation or resuscitation bag with improvised nasopharyngeal tubes by cutting size 5 endotracheal tubes to length of nostril to tragus, lubricate and insert.

### If Haemotoxic:

Monitor coagulation on 6 hourly basis and repeat ASV dose if incoagulable.

### Maximum 8 vials

Blood tests are essential as renal failure and occult bleeding are a high risk, monitor urine output carefully for signs of renal failure. If possible move patient to a hospital with lab facilities and/or renal support after first dose of ASV.

If severely hypotensive consider fluid/ blood transfusion after coagulation has been restored.