

# SNAKE BITE STANDING ORDER

## Initiate immediate supportive care:

- Secure and maintain airway
- Prepare for immediate transport (*do not delay transport for any first aid/treatment measures or wait for signs of envenomation to occur*)
- Calm and reassure the patient
- Obtain vital signs, including O<sub>2</sub> saturation
- O<sub>2</sub> to keep sat > 90% (*method as best tolerated by patient*)
- Do NOT apply any constricting bands, ice, or apply suction to the bite (*If tourniquet in place prior to EMS arrival, contact medical direction*)
- Cardiac monitor (if available)

## I N C L U S I O N

Use the standing order on patients with complaints of a snake bite or signs/symptoms of envenomation:

- Local edema, redness, pain, burning sensation, numbness/tingling, vomiting, weakness and/or hypotension

## Special Notes:

1. There is no need to bring the snake to the hospital. This practice actually increases the risk of secondary bites and can delay transport. In Arizona all rattlesnake envenomations are treated with the same antivenin. There is no antivenin for Arizona coral snakes.

2. Clinical effects of snakebites range from mild local reactions to life-threatening systemic reactions, depending on the species and size of the snake involved; the location of the bite(s); the volume of venom injected; and the age, size, and health of the victim. Children are more likely to suffer significant morbidity and mortality because they receive a larger envenomation relative to body size.

## O R D E R S

- Remove all watches, rings and jewelry; not just from affected limb
- If bite on extremity, immobilize affected extremity. Elevate to reduce swelling (do not wrap). Make sure any immobilization device or wound dressing does not result in constriction or becoming a tourniquet over time due to swelling.
- Mark the proximal edge of any discoloration or swelling in ink and write the time on the line. If signs increase during transport, make new marks with the times.
- Initiate IV NS in unaffected extremity to maintain
- adequate peripheral perfusion:
  - 20 cc/kg bolus
  - Reassess patient after each bolus
- Contact medical direction for signs or symptoms of allergic reaction or deterioration in patient condition.

Effective: 1/2008; revised 4/2011