

- K. erythema
 - L. ecchymosis (appears where skin rubs against skin or where slight injury occurs)
 - M. bleeding
 - N. transient myosis
2. Immediately report to the physician any changing signs or symptoms of envenomation or any abnormal lab values, *including if the laboratory or blood bank reports that the patient's blood will not clot.*

WHEN TO INITIALLY TREAT WITH ANTIVENOM

**** DO NOT WAIT HOURS BEFORE TREATING, SINCE LOCAL TISSUE IS PRESERVED ONLY BY EARLY TREATMENT. IF UNSURE WHETHER TO TREAT OR RE-TREAT, CONSULT A SNAKEBITE SPECIALIST (SEE WHOM TO CONSULT, PAGE 1). ****

1. Treat in the presence of **any** of the following signs or symptoms:
 - A. frank bleeding
 - B. shock
 - C. rapid swelling beyond the area of the bite
 - D. swelling which fails to localize within 30-60 minutes from the time of the bite (Swelling of an extremity which progresses at a rate of one centimeter per hour, whether linearly or circumferentially, is considered significant.)
 - E. ecchymosis progressing beyond the bite site
 - F. any degree of true neurotoxicity, including localized fasciculations or myokymia⁸⁶ (an exception is that caused by the southern Pacific rattlesnake unless in combination with other significant signs or symptoms)
2. Likely treat in the presence of the following signs or symptoms:
 - A. definite change in taste
 - B. paresthesias
 - C. progressive pain
3. Treat in the presence of the following laboratory values:
 - A. **SINGLE** component coagulopathy:
 - low **FIBRINOGEN** (less than 50 ug/ml) **or** **FIBRINOGEN** trending significantly downward, but consider history of familial afibrinogenemia
 - or** low **PLATELETS** (less than 25,000/mm³) **or** **PLATELETS** trending significantly