

## AVOIDING PITFALLS OF PIT VIPER SNAKEBITE ASSESSMENT AND TREATMENT

1. Tetanus prophylaxis?
2. Notify a snakebite specialist and poison control center?
3. Stay tight on labs (every 4-6 hours, sometimes extended to every 12 hours after prolonged stability is achieved). You can't feel coagulopathy, and that's how the snake kills its prey. To prove no envenomation one must repeat labs before discharge. *Staff should be made aware* that if the lab reports that the patient's blood won't clot the physician should be contacted immediately.
4. Don't underestimate the meaning of an abnormal FDP...it can be a harbinger of things to come.
5. Be cautious of attributing symptoms of envenomation (tingling, numbness) to anxiety.
6. Diabetics may have no pain associated with their bite.
7. Swelling is a great assessment tool, but may not be present at all with a severe envenomation.
8. Swelling comes from the venom destroying vessel walls, leading to hypovolemia, which leads to shock...Stay ahead with warmed normal saline and by administering antivenom. Elevated heart rate or increasing heart rate or periodic drops in blood pressure likely call for increasing the fluid rate and for re-evaluating the need for additional antivenom.
9. Did you consider the timing? It's probable that the sooner symptoms appear, especially if rapidly progressing, the greater the venom load.
10. Always admit to an ICU. Snakebite is a complex poisoning, potentially affecting every organ system, requiring intensive care.
11. Focusing on trends and progression? Trends are identified through serial lab studies and symptomatology.
12. Keep the foley in...it's a safety net. With the discovery of hematuria through q1h dipsticks for blood, blood studies are repeated before scheduled, potentially preventing lethal bleeding. Also, myoglobinuria or murky appearing urine can be identified more quickly with a foley in place, which is critical to protecting the kidneys. Evaluate the need for forced diuresis. Try not to overload with fluids, however...the lungs are susceptible to damage from venom; pulmonary edema can occur.
13. Remember that the elimination half-life of CroFab<sup>®</sup> is approximately 12 to 30 hours.<sup>12</sup> The *venom* can remain active for many days to weeks. Be mindful of the potential for local and coagulopathy recurrence after discharge. (If coagulopathy occurred earlier, follow-up lab should be done about every 48 hours after the last antivenom dose, until coagulation values are clearly stable or improving for several days, otherwise re-check within 5 days.<sup>5</sup>) More antivenom may be required.
14. Severe envenomation? The dosage is *10 vials, not 6, followed by a more aggressive maintenance dose regimen.*<sup>16</sup>