Snakebite

St John

Primary Care
Intermediate Care
Advanced Care
Critical Care

SNAKEBITE IDENTIFIED

DO NOT:
- Apply a Pressure Immobilization Technique if the bite did not occur on a limb.
- Cut / incise, wash or suck the site of the bite.
- Utilise an artery tourniquet; this should be replaced with PIT if encountered in the field.
- Trap/catch or kill the snake.

PRIMARY SURVEY with c-spine consideration

Commence CPR if no signs of life

Apply PIT as soon as practical

Do NOT walk the patient

Consider patient positioning

Keep patient at rest and limit movement where possible

Apply continual reassurance

Administer oxygen if supporting ventilation or otherwise indicated

Assist ventilations if necessary

Consider airway adjunct OPA / NPA

Bite occurred on limb

YES

Apply Pressure Immobilization Technique

Apply Splint

DO NOT remove bandages or splint prior to hospital arrival

NO

Do NOT apply Pressure Immobilization Technique

Apply firm direct pressure onto the bite site

Establish **IV access**

Obtain **pre-hospital blood sample**

Perform Vital Sign Survey

Apply cardiac monitoring

Consider Secondary / CNS Survey

Manage Trauma as required

Consider pain relief as required

Consider Ondansetron as required

Re-evaluate

Re-consider: Patient positioning

Monitor closely
Record observations
Stable: Every 10 minutes
Time Critical: Every 5 minutes.

Envenomation Evident:
Transport Priority 1; pre-notify receiving facility

Patient stable with no signs of envenomation:
Transport via normal road conditions