

Protocol 700-E4-P

Snake Bite

Rev: 2/18

BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Remove any potentially constricting jewelry or clothing.
- ❖ Apply elastic band proximal to bite, tight enough to obstruct lymphatic flow (one should be able to slip an index finger under the band).
 - If the swelling progresses, apply a second band proximal to the first, and remove the first band.
 - **Warning:** Do not apply ice.
- ❖ Keep the bite area below heart level in a dependent position.
 - If the bite is on an extremity, immobilize the extremity.
 - Reduce patient physical activity to a minimum.
- ❖ Get an accurate description of snake.
 - If the snake is dead, bring it in for positive identification in a closed solid container.
 - Avoid the fangs because they are capable of envenomation even when dead.
 - If alive, do not try to capture.
- ❖ Prepare for transport / transfer of care.

ALS Treatment

- ❖ Transport.
- ❖ **Morphine Sulfate** 0.1mg/kg up to 5mg IV/IM/IO.* Contact Base Station for additional doses.
- ❖ Contact Base Station.

Special Considerations

- ❖ Do not incise envenomation.
- ❖ Exotic poisonous snakes such as those in zoos or pet stores have different signs and symptoms than those of the pit vipers. Zoos and legal exotic snake collectors are required to have a starter supply of antivenin on hand for each type of snake. Bring the antivenin with the patient to the hospital.
- ❖ Bites from coral snakes, and snakes related to cobras, usually do not have any early symptoms; thus, all bites are considered envenomated.
- ❖ * Hold **Morphine Sulfate** if patient has or develops respiratory depression, bradycardia or hypotension. Narcan should be immediately available to reverse adverse effects.



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