

# 5050 SNAKE BITE

EMR	EMT	EMT-IV	AEMT	INTERMEDIATE	PARAMEDIC
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**Ensure scene safety, remove patient from proximity to snake.**

- Assess ABCs, mental status
- [Oxygen](#)
- Monitor VS
- **Minimize patient activity / exertion**

Start IV, **avoid affected extremity**

**Initiate general care for snake bites**

- Assess for localized vs. systemic signs and symptoms
- **Remove constricting clothing/jewelry from limb and immobilize limb.**
- **Mark margins of erythema/edema with pen or marker, include time**
- Minimize patient activity/exertion
- **DO NOT USE ICE or TOURNIQUET**

**Severity of Envenomation:**

- **Mild envenomation:** Swelling, erythema or ecchymosis limited to area of the bite ~5", no systemic signs.
- **Moderate envenomation:** Swelling, erythema or ecchymosis present and extending away from the local site, non life threatening systemic signs and symptoms.
- **Severe envenomation:** Swelling or ecchymosis involving most of the extremity that is spreading rapidly, systemic signs and symptoms are markedly abnormal including hypotension, altered LOC, and evidence of shock.

**Localized Symptoms:**

- Pain and swelling
- Numbness, tingling to bitten part
- Bruising/ecchymosis

**Systemic Symptoms:**

- Metallic or peculiar taste in mouth
- Hypotension
- Altered mental status
- **Paresthesias at site or orally, muscle fasciculation**
- Widespread bleeding
- Other signs of shock

**General Care:**

- **Remove patient from proximity to snake**
- **Remove all constricting items from bitten limb (e.g.: rings, jewelry, watch, etc.)**
- **Immobilize bitten part**
- **Initiate prompt transport**
- **Do NOT use ice, refrigerants, tourniquets, scalpels or suction devices**
- **Mark margins of erythema and/or edema with pen or marker and include time measured**

Ref. [Pain Management](#)

Be prepared to manage airway if signs of airway obstruction develop

- Transport with bitten part immobilized
- Monitor ABCs and for development of systemic signs/symptoms

Ref. [Pain Management](#)

- If there is hypotension for age and/or definite signs of shock, treat per [Medical Shock](#).
- **If signs of anaphylaxis (rare), treat per [Allergy and Anaphylaxis](#) protocol.**
- **Continuously re-assess for signs of progressing systemic involvement, affected extremity swelling, sensation, movement and vital sign changes.**

**Obtain specific information:**

- Appearance of snake (rattle, color, thermal pit, elliptical pupils)
- Appearance of wound: location, # of fangs vs. entire jaw imprint
- Timing of bite
- Prior 1<sup>st</sup> aid

**Area Specific Precautions:**

- The prairie rattlesnake is most common venomous snake bite in the region.
- Exotic venomous snakes, such as pets or zoo animals, may have different signs and symptoms than those of pit vipers. In case of exotic snake bite, contact base and consult zoo staff or poison center for direction.
- **Be cautious approaching snake even if it appears dead**
- **Take a picture of the snake, including images of head and tail. If an adequate photo can be taken, it is not necessary to bring snake to ED.**