



San Benito County Emergency Medical Services Agency

ACUTE VENOMOUS SNAKE BITE

Policy : E-5
Effective : May 1, 2010
Reviewed : May 1, 2010

I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. 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. Do not apply ice.
- C. Keep the bite area below heart level in a neutral position. If the bite is on an extremity, immobilize the extremity.
- D. Reduce patient physical activity to a minimum.
- E. 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.
- F. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Transport.
- C. To relieve pain, Morphine Sulfate may be administered in 3-5 mg increments slow IVP/ IM to a total of 10mg. *
- D. Contact Base Station.

Notes:

- Do not incise envenomations.
- 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 may 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.