

Step 1: Look for Evidence of Envenomation

History

Where and when it happened. Any first aid at scene. PIB applied correctly?

If snake was sighted.

CVS: Collapse/syncope

Neuro: Headache, vomiting, or dizziness.

Coag: Bleeding from site.

Resp: Difficulty breathing.

Basic AMPLE+ADT history. Allergies/Meds/PMHx/LastAte/Etiology + ADT status..

Exam

Actual bite mark!

CVS: looking for hypotension/tachycardia suggestive of shock,

Resp: WOB/SOB/hypoxia/tachypnoea suggesting resp failure.

Coagulopathy: Bleeding from the bite site. Petechiae. Gingival / mucosal bleeding.

Neurological: CN signs ophthalmoplegia and ptosis, facial nerve palsies

MSK: tenderness to muscles. Red urine. Signs of paralysis.

Regional lymphadenopathy.

Investigations

Urinalysis ?Hb haemolysis ?myoglobin rhabdomyolysis.

VBG – acid base status if resp failure is suspected. Also to check glucose.

INR APTT DD Fib ?DIC or anticoagulant coagulopathy.

FBE with Blood film ?MAHA ?thrombocytopenia

CK ?Rhabdomyolysis

Peak flow reading ?Neuromuscular paralysis

Cut hole in bandage take VDK sample

IF signs of envenomation present