Step 2: Treating Envenomation

Consent for antivenom. Risk anaphylaxis*. High risk serum sickness (rash/fever/aches) in coming days.
Give one vial tiger, one vial brown antivenom (or per local guidelines)

Keep PIB in situ until antivenom completed and pt stable (for VICC this could be days).
Monitor limb distal to PIB hourly for risk of limb ischaemia.

Repeat Exam (bleeding, myotoxicity, neurotoxicity) and Investigation (FBE U&E INR APTT Fib and CK)

every 6 hours post bite
once well, remove PIB, and repeat bloods 1 hour afterwards.

Treat Complications of Antivenom

If has had horse serum before, premedicate with 200mg hydrocortisone.
Anaphylaxis – IM adrenaline. Stop infusion. Recommence at half rate.
Warn about serum sickness (rash/fever/aches/malaise) – 5 days prednisolone (script)

Step 2b: Treating Stick Bite (not envenomed)

Repeat Exam and Investigation (as above checklist)

1hr post PIB removal
6 hours post bite
12 hours post bite

* Anaphylaxis: Stop, give IM adrenaline, and recommence at half rate.

In general, DISCUSS the role of the Venom Detection Kit (VDK) in assessment of suspected snakebite.

Should only be used when clinical indication for use of antivenom (systemic: Neuro/CVS/VICC/Rhabdo)
Take early while awaiting labs and before removing PIB (cut small hole).
If pt is systemically unwell on arrival, give polyvalent – do not wait for VDK
Use VDK to select correct monovalent antivenom

VDK Issues:

only confirms venom presence. Not if pt is envenomed!
Does not identify snake genus – just which antivenom likely to be effective.
can be negative if bite site was washed.
requires skill and familiarity to use – timed test (will all turn blue if you wait long enough!)