

Clinical Practice Guidelines:

Toxicology and toxinology/Envenomation – Snake

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Date	December, 2022
Purpose	To ensure a consistent approach to the management of snake bite.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Envenomation – Snake

December, 2022

Australia has some of the most venomous snakes in the world including brown, tiger, black, taipan, death adder and sea snakes. All of these snakes are found in Queensland.

All patients with a history of snake bite or possible snake bite should be transported to hospital for assessment and management as envenomation can be life-threatening. Most snake bites do not result in envenomation.

Symptoms of envenomation include:[1,2]

- Local effect
 - Local pain, swelling, bruising
 - Regional lymphadenopathy
- Systemic symptoms
 - nausea, vomiting, headache, abdominal pain, diarrhoea, diaphoresis
- Sudden collapse
- Neurotoxicity
 - Ptosis, blurred vision, dysarthria
 - Descending flaccid paralysis
- Coagulopathy
 - Bleeding from bite site, cannula sites, gums

Clinical features (cont.

- Myotoxicity
 - Muscle pain/tenderness
- Thrombotic microangiopathy
 - Renal impairment
 - Haemolytic anaemia
 - Low platelets

assessment

- Do not attempt to capture or injure the snake.
- Snake envenomation may occur without definite puncture marks. The wound may resemble a scratch or superficial lacerations.

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Additional information

• Early administration of antivenom is recommended in cases of snake envenomation. Early pre-notification to the receiving hospital should occur in cases of suspected snake envenomation.^[3]

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