



Treatment Protocol

4606

Policy: Snakebite	Effective April 1, 2018	Expires March 31, 2019
	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed

Enter from the Universal Patient Treatment Protocol
For specific Emergency Stabilization or Patient Management of Snakebite

P	E	A	P
S	M	E	M
P	T	M	

Pertinent Findings

Environment <i>Snake</i>	History <i>Type of snake Size and appearance Location found Time of snakebite Prior treatment SAMPLE history</i>	Physical <i>Anxiety Snakebite wound Local pain, swelling, discoloration, bleeding Metallic taste Altered mental status, fasciculation Tachycardia, hypotension</i>	Differential <i>Envenomation Local rattlesnake: Red Diamond, Western Diamondback, Southern Pacific, Mojave, Speckled, and Sidewinder</i>
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Emergency Stabilization or Patient Management

Comfort, calm, and reassure the patient
Restrict activity, place in position of comfort, relocate jewelry to unaffected extremity

Mark edge of discoloration surrounding the wound, record time, measure every 15 minutes

Do not:
Delay transport with nonessential treatment of the transport ready snakebite patient
Handle snake whether dead or alive
Apply a constricting band, elastic bandage, cold pack, or immobilization device to the affected extremity

P	E	A	P
S	M	E	M
P	T	M	

Do not initiate vascular access in the affected extremity

0.9% Normal Saline IV/IO bolus
For shock associated with snakebite
See the REMSA Calculation Chart for concentration, and patient specific dosage and volume
May repeat as clinically indicated
Use a volume control chamber IV set during pediatric administration

		A	P
		E	M
		M	

B

Emergency Stabilization or Patient Management (continued)

Fentanyl slow IV/IO push or IM
(may substitute morphine sulfate slow IV/IO push or IM/IN)
For pain associated with snakebite
While systolic BP remains greater than 90 mmHg
See the REMSA Calculation Chart for concentration, and patient specific dosage and volume
May repeat once
Further repetition requires a base hospital order (BHO)
Pediatric administration and/or repetition requires a base hospital order (BHO)
Administration of more than one opioid requires a base hospital physician order (BHPO)

				P M
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Disposition

Transport to the closest authorized receiving center

	E M T	A E M T	P M
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Return to Universal Patient Treatment Protocol
For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management

P S P	E M T	A E M T	P M
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******* Base Hospital Orders *******

Initiate, repeat, or modify standing orders within scope of practice
As ordered

Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination
As ordered
Mode of transport is an operational decision

	E M T	A E M T	P M
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