CROTALINAE SNAKEBITE FLOWSHEET

Date / Time 24 hr clock	Time of each antivenom dose	Has initial control of local findings/Labs/Vitals been achieved? (Y/N)	Symptoms (pain, neuro, respiratory, GI, CV)	Local Progress (cm from bite site to proximal leading edge	BP	HR	Respirations	Pulse oximetry	Temp	PT	INR	PTT	Fibrinogen	D-dimer or FDP or ESP ONCE ONLY	Platelets	Hgb	Hct	BUN	Cr	CPK
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*****Perform extremity measurements (date/time marking of *proximal leading edge of edema*) every 60 minutes until swelling has stopped progressing (no active leading edge; there will be some proximal progression from redistribution of edema fluid). There is no utility in circumferential measurements. If there appears to be very high tissue pressures or impairment of distal circulation, contact the poison center immediately.**

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CONSULT THE POISON CENTER AND REVIEW ANTIVENOM PACKAGE INSERT FOR COMPLETE RECOMMENDATIONS FOR ADMINISTERING ANTIVENOM.

- If giving Anavip, initial dose is 10 vials for >= minimal envenomations. May need to repeat 10 vials for control of progression of swelling, hematological, or other systemic effects. No maintenance doses are needed. If additional antivenom is indicated by ongoing or reactivated leading edge of edema or worsening hematological or other systemic effects, an additional 4 vials may be given.
- If giving CroFab, initial dose is 4 – 6 vials for >= minimal envenomations. May need to repeat 4-6 vial initial dose as needed to control progression of swelling, hematologic, or other systemic effects.
  - After control of envenomation has been established with CroFab give 2 vials of antivenom every 6 hours for 3 doses. This is recommended to avoid recurrence of local symptoms of envenomation. Breakthrough progression of local effects can be treated with additional antivenom (2 vials prn).
- It is recommended to continue with the initial antivenom, once started. There is no contraindication to giving Anavip after CroFab or vice versa. If a severe allergic reaction occurs to either, consider giving the other antivenom, as the source animal is different.
- Obtain CBC, fibrinogen, D-dimer (or fibrin split products), PT/INR, PTT, and platelets on arrival. If significant abnormalities, repeat tests help to determine whether there is initial control of hematologic effects. <u>After initial control</u>, obtain a daily panel. The D-dimer only needs to be obtained once with the post-antivenom labs.
- Clean and explore the wound. Update tetanus prophylaxis status. Routine antibiotics are not recommended. Opioids may be required.
- Consult NMPDIC for recommendations regarding ongoing assessment and management, and post-discharge recommendations.
- Administer antivenom at recommended rates/dilution. Watch closely for allergic reactions during antivenom infusion. Be prepared to manage allergic reactions, including airway control.
- For allergic reaction (cough, pruritus, urticaria, nausea, vomiting, hoarseness, wheezing, laryngeal edema, hypotension)
  - <u>Stop</u> <u>antivenom</u>. This may be sufficient. Manage symptoms as indicated.
  - Speak with a toxicologist at the Poison Center regarding advisability of further antivenom therapy.
  - Please describe the adverse drug reaction on the following line_____
  - _____
  - If there was an adverse drug reaction was the patient pretreated? And what drugs and dosages were used?_____
- NMPDIC recommends follow-up CBC, fibrinogen, PT/INR, PTT, platelets, and wound check, 2-3 days after last antivenom dose and 6-8 days after envenomation.
- Serum sickness may occur 5 – 21 days after anti-venom administration (fever, arthralgias, myalgias, rash).

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- **PLEASE FAX A COPY OF THIS DOCUMENT TO THE NEW MEXICO POISON AND DRUG INFORMATION CENTER WHEN THE PATIENT IS DISCHARGED. (505) 272-5892**

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POST-HOSPITAL CARE

RECURRENCE

Recurrence of hematologic effects can occur beginning several days after a rattlesnake envenomation that has been treated with Antivenom. The reason for this is that the half-life of the venom is longer than the half-life of the antivenom.

- Patients with a higher risk of recurrence are those who have experienced early hematologic effects.
- In addition, a 20% increase in platelets post-antivenom loading dosing is a risk factor for late-, new-onset of thrombocytopenia.
- A positive D-dimer indicates fibrinogenolytic activity and is a risk factor for late, new-onset hypofibrinogenemia.
- Recurrent or late-, new-onset of hematological effects can be severe and may include significant hemorrhagic complications.

The Poison Center now recommends:

48 -72 hours after the last maintenance dose of Antivenom, and 6-8 days after envenomation:

Labs: CBC, fibrinogen, coagulation profile

Additional recommendation for follow-up care:

2 - 5 days after envenomation and as needed after that:

Wound check

Assess need for physical therapy / occupational therapy

The Poison Center will:

Obtain the home telephone number while the patient is in the hospital.

Contact the patient within 36 hours of discharge to discuss symptoms and what to expect and to reiterate the need for the follow-up visit.

Obtain the PCP's telephone number, if possible, and contact the PCP to discuss the need for and timing of follow-up labs, as well as the need for follow-up wound check visit(s).

If for any reason the patient or treating physician would prefer that the Poison Center not contact the patient after discharge from the hospital, please discuss this with the Poison Information Specialist.

Serum sickness may occur 5 – 21 days after anti-venin administration (fever, arthralgias, myalgias, rash).

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