

INJECTED POISONS: SNAKES

ETIOLOGY/PATHOPHYSIOLOGY

- **PIT VIPERS (CROTALIDAE FAMILY)**
 - Hemolytic Venom: Acts directly on both local tissue and systemically; Attacks circulatory system (Pro/anticoagulation, platelet aggregation, edema development, inflammation, myotoxicity)
- **CORAL SNAKES (ELAPIDAE FAMILY)**
 - Neurotoxic Venom: Systemic effects via the lymphatic system; Blocks acetylcholine receptor sites in neuromuscular transmission pathways and causes a disconnect between brain and muscles (Cardiac and respiratory)

ON-SCENE TREATMENT

- **PIT VIPERS:** Flat triangular head with a distinguishable heat sensitive pit between thin slit eyes.
 - S/Sx: Immediate pain at bite site, rubbery taste in mouth, increased bruising/blood blisters, complications of hemorrhage or thrombosis (chest/abdomen pain, headache, tachycardic, hypotension, confusion)
- **CORAL SNAKES:** Brightly colored alternating bands of red, yellow, and black; rounded head and pupils
 - S/Sx: N/V, slurred speech, blurred vision, numbness/tingling around face, ptosis, dysphagia; Be conscious of respiratory or cardiac arrest!
- Common Myths/what NOT to do: Never use a tourniquet, or ice.
- What to do: Keep bite at heart level, clean with soap and water then cover; Dead snakes can still bite!

ED TREATMENT

- Pit Vipers: Two types of antivenin (Crotalidae Polyvalent Immune Fab and Crotalidae Immune F(ab)₂)
- Coral Snakes: North American Coral Snake Antivenin (NACSA)

ROLE OF ED NURSE: ASSESSMENT, PATIENT HISTORY, MONITORING, AWARE OF COMPARTMENT SYNDROME AND THIRD SPACE LOSSES

DISCHARGE/PREVENTION INSTRUCTIONS

- Call doctor if any changes in s/sx or wound changes, serum sickness, hypersensitivity reaction
- Be aware of your surroundings to prevent future bites.