



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. E5-P
Reviewed 01/07

Emergency Medical Services Program

Approved

Medical Director

Subject: ACUTE VENOMOUS SNAKE BITE

I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Remove any potentially constricting jewelry or clothing. Apply elastic band proximal to bite, tight enough to obstruct lymphatic flow (one should be able to slip an index finger under the band). If the swelling progresses, apply a second band proximal to the first, and remove the first band. Do not apply ice.
- C. Keep the bite area below heart level in a dependent position. If the bite is on an extremity, immobilize the extremity.
- D. Reduce patient physical activity to a minimum.
- E. Get an accurate description of snake. If the snake is dead, bring it in for positive identification in a closed solid container. Avoid the fangs because they are capable of envenomation even when dead. If alive, do not try to capture.
- F. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats. (See Policy 4000)
- B. Transport.
- C. To relieve pain, Morphine Sulfate 0.1mg/kg up to 5mg IV/IM/IO.* Contact Base Station for additional doses.
- D. Contact Base Station.

* Hold Morphine Sulfate if patient has or develops respiratory depression, bradycardia, or hypotension. Narcan should be immediately available to reverse adverse effects.

Notes:

- Do not incise envenomations.
- Exotic poisonous snakes, such as those in zoos or pet stores, have different signs and symptoms than those of pit vipers. Zoos and legal exotic snake collectors are required to have a starter supply of antivenin on hand for each type of snake in their collection. Bring the antivenin with the patient to the hospital. Bites from coral snakes, and snakes related to cobras, usually do not have any early symptoms, thus all bites are considered envenomated