Swelling, tenderness, redness, ecchymosis, or blebs at the bite site, or
Elevated protein, decreased fibrinogen or platelets, or
Any systemic signs

Do not administer antivenom
Observe patient 1 hour
Repeat labs 3-6 hours after initial control and prior to discharge
If patient develops signs of envenomation, return to box 3

Swelling and tenderness not progressing
Pruritus, erythema, and edema normal or clearing improve
Clinically stable hypotension, etc.
Neurotically resolved or clinically improving

When to call a physician-expert

Maintenance therapy is additional antivenom given after initial control to prevent recurrence of local symptoms.
Maneate therapy may not be indicated in certain clinical situations:
• Life-threatening envenomation
  • Shock
• Serious active bleeding
• Respiratory distress
• Shock therapy (electricity)
• Prophylactic fasciotomy
• Tourniquets
• Ice
• Cutting and/or suctioning of the wound

Maintenance antivenom therapy
• Maintenance therapy is additional antivenom given after initial control to prevent recurrence of local symptoms
• Maintenance therapy may not be indicated in certain situations, such as:
  • Minor envenomation
  • Facilities where observation by a physician-expert is available

See step-tracking planning box 14

Maintenance therapy is additional antivenom given after initial control to prevent recurrence of local symptoms.

Treatments to avoid in pit viper envenomation
No

Management of North American Pit Viper Envenomation includes rattlesnakes, copperheads, and cottonmouths (water moccasins)

Determine if patient meets discharge criteria

No

surgery or dental work, etc.) for 2 weeks in patients
with
— Serious active bleeding
— Shock
— Abnormal bleeding (gums, easy bruising, melena, etc.)
— Copperhead victims: PRN only
— Prophylactic antibiotics
— Rash, serum sickness (fever, rash, muscle/joint pains)
— Envenomation that requires more than 2 doses of antivenom for initial control
— Recurrent or delayed onset of venom effects
— Swelling, tenderness, redness, ecchymosis, or blebs at the bite site, or
— Elevating protein, decreased fibrinogen or platelets, or
— Any systemic signs

Check for indications for antivenom

Prevent
Do not prevent

Instruct patient to return for:

Follow-up labs 6-12 hours after initial control and prior to discharge
If patient develops signs of envenomation, administer additional antivenoms per box 4

Perform serial examinations

Maintenance antivenom therapy may be indicated:
— Box 13 (Maintenance Antivenom Therapy)
— Observe patient 1-2 hours after initial control for progression of any venom effect
— Follow-up labs 6-12 hours after initial control and prior to discharge
— It develops hypotension, any signs of envenomation, administer additional antivenoms per box 4

Determine if patient meets discharge criteria

No

Management of North American Pit Viper Envenomation includes rattlesnakes, copperheads, and cottonmouths (water moccasins)

The term Crotalid is used to describe systemic coagulation abnormalities.

This worksheet is adapted from general advise from a panel of US snakebite experts convened in May 2010. Other valid approaches

Crotalinae subfamily (formerly known as the Crotalidae) of venomous snakes that includes

North American crotalid envenomation. The term Crotalid is used to describe

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