CODE READY

Snake Bite

Management of suspected venomous snake bite: immobilise, watch for neurotoxic and haemotoxic signs, give antivenom on clear indications, and never rely on traditional first aid. Follow the national snakebite guideline.

1. FIRST AID (AND WHAT NOT TO DO)

- [ ] **Reassure — many bites are dry or from non-venomous snakes; panic worsens outcomes**
- [ ] **Immobilise the bitten limb with a splint, keep it at heart level**
- [ ] **Remove rings, watches and tight clothing from the limb**
- [ ] **Do NOT cut, suck, apply ice or tight tourniquets; do not delay for traditional healers**
- [ ] **Transport lying down; a photo of the snake helps only if taken safely**

2. ASSESS FOR ENVENOMATION

- [ ] **Neurotoxic (cobra, krait): ptosis, blurred vision, difficulty swallowing, weak neck — can progress to respiratory paralysis**
  Krait bites are often painless with minimal local signs, typically at night while sleeping
- [ ] **Haemotoxic (viper): spreading local swelling, bleeding gums, dark urine**
- [ ] **20-minute whole blood clotting test (20WBCT): 2 mL blood in a clean dry glass tube; not clotted at 20 min = coagulopathy**
- [ ] **Mark the swelling edge with a pen and the time; repeat hourly**
- [ ] **Observe ALL suspected bites for at least 24 h — krait signs may be delayed**

3. ANTIVENOM

- [ ] **Indications: neurotoxic signs, incoagulable blood on 20WBCT, spontaneous bleeding, rapidly progressive swelling**
- [ ] **Polyvalent antivenom 10 vials IV in 100-200 mL saline over 1 h — the same dose for children**
- [ ] **Adrenaline 0.5 mg IM drawn up at the bedside before starting**
  Reaction: stop the infusion, adrenaline 0.5 mg IM, restart slowly once stable
- [ ] **Repeat 20WBCT after 6 h; repeat antivenom if blood still not clotting**
- [ ] **No test dose is recommended**

4. SUPPORT AND REFER

- [ ] **Respiratory paralysis: bag-valve-mask ventilation and urgent referral with BVM continued en route**
- [ ] **Analgesia with paracetamol (avoid NSAIDs in viper bites — bleeding risk)**
- [ ] **Tetanus toxoid; antibiotics only for necrotic or infected wounds**
- [ ] **Refer if no antivenom available, any respiratory involvement, renal failure or refractory coagulopathy**