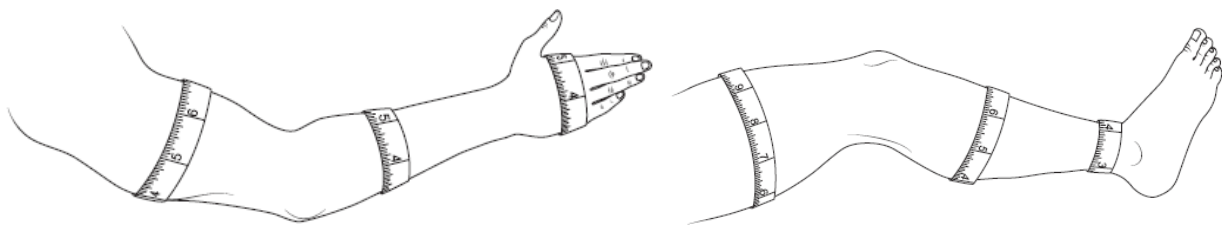




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## ICU Rattlesnake Bite Care

- ☐ Call on-call toxicologist at (602) 388-1180 for lab results after each dose of antivenom measurement that exceeds 2 cm from the previous measurement any questions.
- ☐ Cardiac monitor and oxygen (if less than 90% O<sub>2</sub> sat). Airway, breathing and circulation
- ☐ IV fluid maintenance in patients without cardiac problems
- ☐ Draw blood for labs (CBC for platelets, fibrinogen, PT/INR) at a minimum one hour after antivenom has completed.
- ☐ Mark limb with a marker in 3 places as shown below with a skin marker. Document measurements [centimeters (cm) preferred] in EMR. Measure every 60 minutes after antivenom.



- ☐ Pain control with narcotic pain medications [fentanyl or hydromorphone (Dilaudid) is recommended]. **NO** ibuprofen, naproxen, aspirin, steroids, ice
- ☐ Administer antiemetics if required such as ondansetron (Zofran)
- ☐ Ask about allergies to medication, horses, sheep, papaya, pineapple and if the patient has received any type of antivenom before. Notify the provider as quickly as possible.
- ☐ Start antivenom slowly then increase rate 5-10 minutes after the start of infusion. Total infusion time is one hour.
  - Monitor for anaphylaxis to the antivenom (itch, rash, hypotension, swelling, etc.). Treat reactions with standard treatment (antihistamines, steroids, IV fluids and epinephrine if the reaction is severe).
- ☐ Record neurologic checks (sensation) and check circulation (capillary refill and pulses) when taking these measurements. Check the firmness of the area (compartment syndrome).
- ☐ Monitor urine output since most patients have dehydration or rhabdomyolysis.
- ☐ Monitor for bleeding – hematemesis, hematuria, epistaxis, etc.
- ☐ Elevate the extremity.
  - Upper extremities: Elevate using an appropriately sized knee immobilizer connected to an IV pole.
  - Lower extremities: Elevate extremity above the heart using pillows or an orthopedic foam wedge.
  - Use pillows to support the elbow, leg, shoulder for patient comfort.

## Question and Answer

*Does every rattlesnake bite require antivenom?*

- No, they are admitted for every hour measurements and monitoring. Dry bites (no venom) occurs in about 20% of patients and require no antivenom and just observation. Some will require antivenom treatment if symptoms develop.

*What are some of the signs and symptoms of rattlesnake bites?*

- Nausea, vomiting, diarrhea, numbness, tingling, weakness, increased heart rate, metallic taste
- Local wound problems: Necrosis, skin discoloration, swelling, fang marks
- Anaphylaxis: decreased respirations, face and tongue swelling, hypotension, rash, wheezing, itching

*Why do we treat rattlesnake bites?*

- Venom causes severe irreversible tissue damage, severe pain, and can cause blood clotting problems that may lead to hemorrhage.

*What are the indications for bolus antivenom administration?*

- Increased swelling and pain not controlled with pain medication
- Decreased platelets and/or fibrinogen
- Increased PT/INR
- Respiratory distress
- Severe hypotension
- Anaphylaxis

*Why do we continue smaller amounts of antivenom called “maintenance doses”?*

- Rattlesnake venom may continue to cause blood problems so antivenom in smaller doses will need to be given to prevent blood problems. Some patient may not receive this dosing.

*How long will it take to get the antivenom from the pharmacy?*

- Please allow 30-60 minutes for this drug to be sent from the pharmacy for CroFab mixing. It cannot be quickly mixed because the antivenom is difficult to reconstitute. Anavip mixing is very quick.

*If I have to mix CroFab antivenom, how can I make it dissolve faster?*

- Fill the vial with as much solution as possible. Do not shake the vial but gently roll or rock it.