

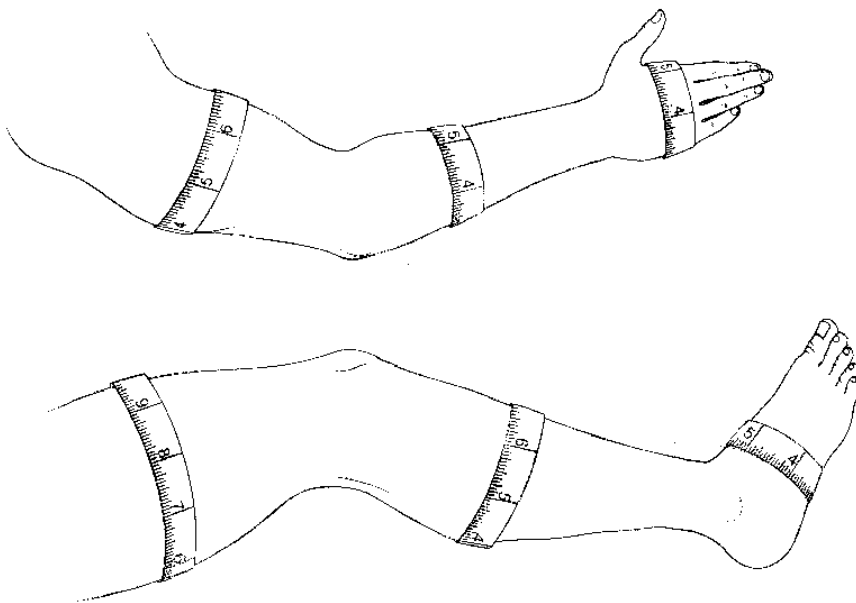


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Rattlesnake Bite Care in the Honor Health ICU

What should I do when I am taking care of rattlesnake bite patients?

- Cardiac monitor and oxygen
- 2 large bore IVs with IV fluids running (1-2 liter boluses are common, then 150-200 ml/hr in patients without cardiac problems)
- Pain control with fentanyl or hydromorphone (Dilaudid) because morphine may cause histamine release (hypotension, itching, rash, respiratory problems). Patients may require antiemetics such as ondansetron (Zofran)
- Monitor for anaphylaxis to the antivenom. Start antivenom infusions slow and titrate up after 5 minutes during the initial dose. Treat allergic reactions with antihistamines, steroids, and epinephrine if the reaction is severe.
- **Take measurements along the affected extremity as shown below every hour. Record the measurement so the swelling can be tracked as shown below recording in centimeters. Mark the areas where the measurements are taken so there are consistent and reproducible.**



- 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 can be elevated using an appropriately sized knee immobilizer connected to an IV pole. Use pillows to support the elbow, leg, shoulder for patient comfort.

Does every rattlesnake bite require antivenom?

- No. But if you are receiving the patient, likely they will be getting antivenom already. Dry bites (no venom) occurs in about 20% of patients and require no antivenom and just observation.

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 CroFab in smaller doses will need to be given to prevent blood problems. Most of the time it would be given every 6 hours for 3 doses. There may be exceptions to 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. This STAT medication cannot be quickly mixed because the antivenom is difficult to reconstitute. Calling the pharmacy every 5 minutes will not result in this medication to be mixed any faster. It will just frustrate you.

If I have to mix 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.

What lab work is necessary?

- CBC, fibrinogen, PT/INR are taken 1-2 hours after each dose is infused. Please call toxicology with the results.