Crotalid Envenomation Clinical Pathway

Hollmann K, Gentges J May 2022 replaces Nov 2016

- 1. Ruha A, Pizon AF. Native (US) Venomous Snakes and Lizards.In: Nelson LS, Howland M, Lewin NA, Smith SW, Goldfrank LR, Hoffman RS. eds. *Goldfrank's Toxicologic Emergencies*, 11e. McGraw Hill; 2019.
- 2. Dart RC, White J. Snakebite.In: Tintinalli JE, Ma O, Yealy DM, Meckler GD, Stapczynski J, Cline DM, Thomas SH. eds. *Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 9e.* McGraw Hill; 2020.
- 3. Spencer Greene, David Cheng, Gary M. Vilke, Garret Winkler, How Should Native Crotalid Envenomation Be Managed in the Emergency Department?, The Journal of Emergency Medicine, Volume 61, Issue 1, 2021, Pages 41-48.

Pictures: Oksnakes.org



Agkistrodon contortrix



Crotalus Viridis

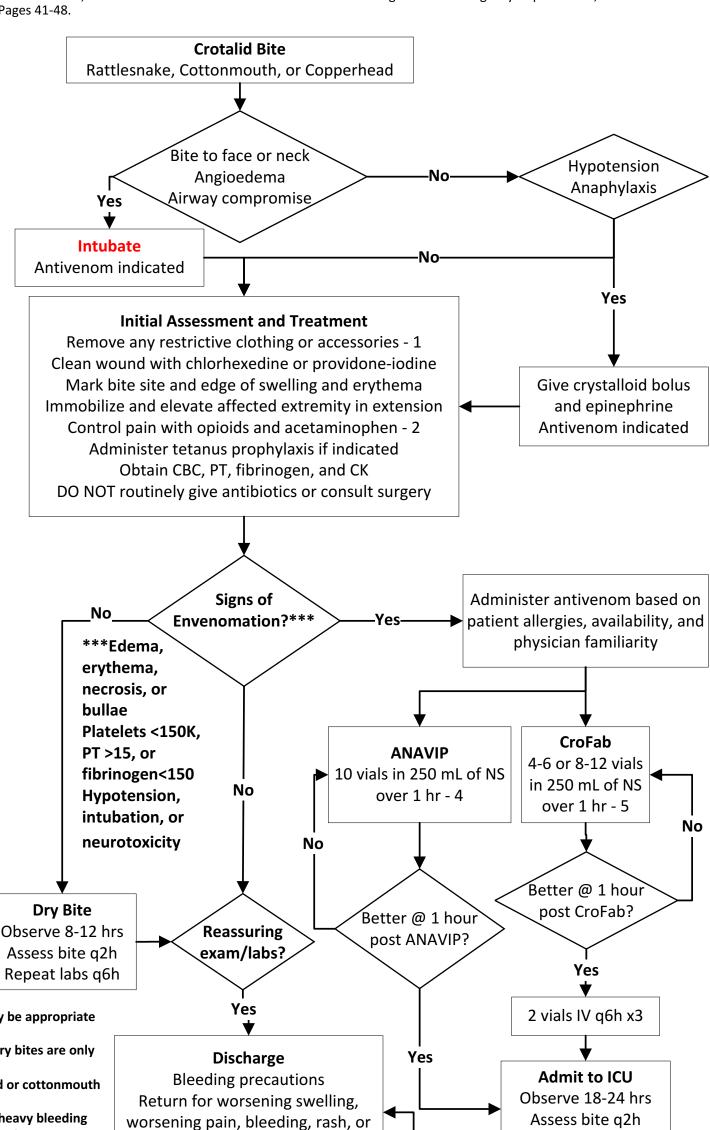


Sistrurus miliarius streckeri



Agkistrodon piscivorus

- 1. No tourniquets, remove restrictive clothing
- 2. NSAIDs are generally contraindicated but may be appropriate in copperhead bites
- 3. Bleeding precautions and follow up labs for dry bites are only necessary if from rattlesnakes
- 4. ANAVIP is not FDA appproved for copperhead or cottonmouth envenomations
- 5. Double dose CroFab is indicated for shock or heavy bleeding
- 6. Snakebite911 App. Download it. Use it. It's good.
- 7. Consult toxicology for recurrent or delayed symptoms and if more than 2 initial doses of antivenom are required



fever

Follow up labs in 2-3 and 5-7 days

Repeat labs q6h