

SNAKE BITE / ENVENOMATION

West Virginia has two native venomous snakes. These are the timber rattlesnake and copperhead. Both are hemotoxic. Not all venomous snakebites involve envenomation. Envenomed patients will have one or more fang marks with ecchymosis, progressive edema, severe burning pain, and/or non-clotted oozing blood.

- A. Upon arrival, make sure the patient and snake are not in close proximity. Retreat well beyond striking range. Persons are often bitten again while trying to capture or kill the snake.
- B. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
- C. Keep patient calm. Movement can increase venom absorption.
- D. Remove all jewelry and constrictive clothing on affected extremity.
- E. Do not place IV in bitten extremity.
- F. Locate fang puncture(s) and mark progression of erythema (redness around bite mark) and swelling at the initial assessment and every five (5) minutes thereafter.
- G. Immobilize the extremity at the level of the heart. **Do not** apply ice.
- H. Transport and notify **Medical Command**.



- I. **Contact Medical Command** for further treatment orders and consider use of **Pain Management Protocol 5902** per **MCP order**.



Note:

- 1. Do not bring a live snake to ER. If experienced personnel are available to properly kill and transport snake, then do so.
- 2. Patients previously envenomated are at risk of anaphylactic reaction. Be prepared to treat per **Anaphylaxis Protocol 5501**.