# 8E – SNAKEBITES – PIT VIPERS (RATTLESNAKES, COPPERHEADS, & MOCASSINS) (CROTALINAE ENVENOMATION) ADULT & PEDIATRIC

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

TREATMENT PRIORITIES
1. Vital signs
2. Epinephrine for anaphylaxis
   **** First two epi doses are standing order. Any additional epi dose requires OLMC consult.**
3. OK Poison Center consult
4. Appropriate destination per OK Poison Center consult

## EMD

ADVISE TO AVOID PHYSICAL EXERTION
OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
MOVE AWAY FROM SNAKE(S) IF ABLE
OPEN AIRWAY IF NOT ALERT AND INEFFECTIVE BREATHING

## EMR / EMT

GENERAL SUPPORTIVE CARE – MARK EDGE OF SWELLING/TENDERNESS EVERY 15 MINS TO DETERMINE SYMPTOM PROGRESSION
OBTAIN VITAL SIGNS & ADMINISTER $O_2$ VIA NC, NRB, OR BVM AS APPROPRIATE
IMMOBILIZE/ELEVATE AND AVOID JOINT FLEXION IN EXTREMITY BITTEN TO MINIMIZE SWELLING OF EXTREMITY
DO NOT CUT THE BITE SITE OR ATTEMPT TO "EXTRACT THE VENOM" FROM BITE SITE WITH SUCTION/VACUUM DEVICES
CONSULT OKLAHOMA POISON CONTROL CENTER PER PROTOCOL 8C – DESCRIBE SNAKE APPEARANCE/TYPE AS BEST ABLE
APPLY CARDIAC MONITOR (if equipped)
**ADULT/PEDIATRIC**: N/V: ISOPROPYL ALCOHOL PADS HELD 1 TO 2 CM BELOW NARES (MAX 3 PADS EVERY 15 MINUTES)
EMT OR HIGHER LICENSE:
FOR ANAPHYLAXIS ONLY (ANAPHYLAXIS FROM SNAKEBITE IS RARE):
**ADULT:** **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH.
**PEDIATRIC:** **EPINEPHRINE 1mg/mL 1:1000 0.15 mg (0.15 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH.
OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg
MEASURE END-TIDAL $CO_2$ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, *** Mandatory use if pt intubated)
ADULT: APPLY Bi/CPAP IF INDICATED (if equipped)
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

## EMT- I85 / AEMT

**ADULT:** INTUBATE IF INDICATED
IV ACCESS

**ADULT:** IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
**ADULT:** IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
**ADULT:** REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
**PEDIATRIC:** IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
**PEDIATRIC:** IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA
REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

**FOR ANAPHYLAXIS ONLY (ANAPHYLAXIS FROM SNAKEBITE IS RARE):**
**ADULT: ****EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH
**PEDIATRIC: ****EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg IM NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH
**OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg**

## PARAMEDIC

ANTIEMETIC (IF REQUIRED); **ADULT:** ONDANSETRON 4 mg IVP/ODT. MAY REPEAT ONCE IN 10 MINUTES
**PEDIATRIC:** ONDANSETRON 0.1 mg/kg IVP TO A MAXIMUM SINGLE DOSE OF 4 mg; IF AGE > 2 years, MAY GIVE ONDANSETRON 4 mg ODT

ANALGESIA (IF REQUIRED); OPIOID/OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (70 + 2x age in years) mmHg
**ADULT:** FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.
**OR**
**ADULT:** MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.
**OR**
**ADULT:** HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.

**PEDIATRIC:** OLMCP ORDER ONLY FOR OPIOID/OPIATE ANALGESIA

**SEVERE REACTION/ANAPHYLAXIS SERIOUS DYSPNEA, GI DISTRESS, ANGIOEDEMA, OR SYS BP <100 mmHg ADULT OR < (70 + 2x age in years) mmHg PEDIATRIC**
**ADULT: ****EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH
**PEDIATRIC: ****EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg IM NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH
**IF REFRACTORY ANAPHYLAXIS, ADMINISTER INTRAVASCULAR EPINEPHRINE 1:10,000**
**ADULT: ****EPINEPHRINE 0.1mg/mL 1:10,000 1 mg SLOW IV/IOP (OVER 3 MINUTES)
**PEDIATRIC: ****EPINEPHRINE 0.1mg/mL 1:10,000, 0.01 mg/kg SLOW IV/IOP (OVER 3 MINUTES) NOT TO EXCEED 0.5 mg
**ADULT:** MEDICATION ASSISTED INTUBATION IF INDICATED
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)