# CLINICAL PATHWAY

**SUSPECTED AND CONFIRMED SNAKE BITE:**

All cases should be observed with serial blood testing for 12 hours to exclude severe envenoming using the following pathway.

Date__________ Signature________________________ Initial for YES or N/A for not applicable

## INTERVENTION / OUTCOME

<table>
<thead>
<tr>
<th>INITIAL.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient presented at __________ hrs with/without pressure bandage in situ. <em>(please circle)</em></td>
</tr>
</tbody>
</table>

### Pathology taken on admission for:

Coagulation tests (INR, aPTT, d-Dimer), FBC, UEC, CK and VDK

Pathology results reviewed within one hour and are within normal limits. **IF** pathology results are abnormal, *exit pathway, admit patient and treat; see guidelines*  

Remove pressure bandage and immobilisation, observe for any symptoms

**Repeat **bloods 1 hour post-bandage removal: **Coagulation tests (INR, aPTT) and CK**

Pathology results reviewed and are within normal limits. The patient has no signs of neurotoxicity (ptosis, bulbar, respiratory or distal paralysis). **IF** pathology results are abnormal OR neurotoxicity develops, *exit pathway, admit patient and treat; see guidelines*  

**Repeat **bloods 6 hours post-bite (unless already > 6 hours): **Coagulation tests (INR, aPTT) and CK**

Pathology results reviewed and are within normal limits. The patient has no signs of neurotoxicity. **IF** pathology results are abnormal OR neurotoxicity develops, *exit pathway, admit patient and treat; see guidelines*  

**Final **bloods at 12 hours post-bite: **Coagulation tests (INR, aPTT) and CK**

Pathology results reviewed and are within normal limits. The patient has no signs of neurotoxicity. **IF** pathology results are abnormal OR neurotoxicity develops, *exit pathway, admit patient and treat; see guidelines*  

Patient discharged with normal INR, aPTT and CK at__________ hrs.

---

*d-Dimer may need repeating if it is moderately elevated – > cut-off but < 10 x cut-off because this is more likely a false positive; ‘a bite site swab should be collected and stored, test if there is envenoming,  

*Neurotoxicity can be subtle and it is important to include both looking for ptosis and assessing for fatigue (eyelid droop from failure to maintain an upward gaze). *Applicable guidelines at treatment site. NB. Some geographical regions with different venomous snake fauna are not well represented in our dataset, and local modification of this pathway may be needed to account for differences in snake fauna.*