Snake Bites

REFRESHER

RECOGNIZE IT

- Fang marks with pain and swelling that keeps spreading from the bite
- Bruising, blistering, and a swollen, tense limb as venom takes effect
- Systemic signs: nausea, sweating, metallic taste, tingling, low blood pressure
- Many bites are defensive or dry — but every bite is treated as real until proven otherwise

ASSESS

- Time of the bite, and what the snake looked like — from a safe distance or a photo
- Mark the leading edge of swelling and write the time; re-mark as it advances
- Check circulation, movement, and sensation beyond the bite, and recheck often
- Ask about tetanus status, allergies, and blood thinners

ACT — FIRST MOVES

1. Keep the patient still and calm — movement speeds venom spread
2. Remove rings, watches, and anything constricting before swelling starts
3. Splint the limb to keep it still (snakebites are a splinting indication, guidelines p.205)
4. Transport promptly and notify the receiving facility early — antivenom is a hospital treatment
5. Treat pain and any allergic reaction per guideline; reassess swelling and vitals en route

PEARLS

- Never: tourniquet, cutting the wound, sucking venom out, ice, or electric shock — all harm, none help
- Don't try to catch or kill the snake; a photo from a distance is enough
- Swelling that crosses a joint or keeps advancing is a sick patient, even with normal vitals

Take Home Message:

Keep the patient still, splint the limb, mark the swelling, and go — field snakebite care is immobilization and transport, not wound tricks.