

Snakebite Treatment Algorithm for Adult and Pediatric Crotalidae Envenomation

(Follow algorithm regardless of antivenom administration prior to arrival)

Assess Patient: Mark leading edge of pain and induration q15-30 min x 1 hour The leading edge of induration is more important than the leading edge of edema Immobilize and elevate limb Assess and **document** baseline snakebite severity score (SSS) Treat pain (IV opioids) Obtain initial labs (PT/INR, platelets, fibrinogen) Update tetanus vaccine Consider Poison Center consult: 1-800-222-1222 NO Monitor every Indications for Antivenom: Is antivenom therapy warranted? hour for ≥8 hours Progressive induration Elevated INR, decreased YES fibrinogen or platelets Systemic signs (i.e., shock, Administer 10 vials of Anavip® neurotoxicity, bleeding) (same dose for adults and children) Face/airway involvement MAX cumulative dose 40 vials Assess and document SSS within 1 hour of completion Initial Control = Cessation of local injury/induration progression, resolution of Initial control attained? systemic symptoms, NO, SSS increased normalizing or improving YES. SSS stable coagulation parameters or decreased Assess SSS every hour for first 6 hours, then every

Patient may qualify for further Anavip® doses

Contact clinical pharmacist for additional dose recommendations

SSS increased

Discharge Planning (See Page 2):

SSS stable or decreased

- Obtain PT/INR, platelets, fibrinogen
- Obtain repeat labs prior to trauma clinic follow-up
- Counsel patient to monitor for bleeding and allergic reactions

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SSS increased

6 hours x 2

Surgical Trauma ICU Clinical Management Team Approval: 5/20

Trauma Faculty Committee Approval: 5/20

Critical Care Subcommittee Approval: 5/20, 11/20

Pharmacy & Therapeutics Committee Approval: 6/12/20, 12/20



Allergic Reactions

- Previous anaphylactic reaction to Crofab®
 - Administer Anavip® according to this treatment algorithm
 - Mild reactions do not necessitate transition to Crofab®
- Reaction to Anavip®
 - o Stop infusion
 - o Give epinephrine, steroids, and antihistamines as appropriate
 - Monitor airway and vitals
 - Reassess risk versus benefit of antivenom
 - Once stabilized
 - If SSS increased, consider switching to Crofab®
 - If SSS stable or decreased, consider managing with supportive care and symptom guided Crofab®
- Crofab® is restricted to use in patients with severe allergic reaction to Anavip® or horse protein

Anavip® dosing and administration information

| | Dosing | Administration |
|---|---|--|
| • | Adult and pediatric patients receive the same dose Initial dose: 10 vials May give another 10 vials IF symptom control not attained 1 hour AFTER infusion completes | Reconstitute each vial with 10 mL of normal saline (NS) from a single 250 mL NS bag Inject the total reconstituted solution into the same bag of 250 mL NS |
| • | If AFTER initial symptom control is attained, pain, induration, edema, or coagulation labs worsen, then may consider further doses Contact a clinical pharmacist for additional recommendations MAX cumulative dose 40 vials | Adjust fluid volumes for children <25 kg Reconstitute 10 vials in 100 mL of NS Infuse at 10 mL/hr for 10 minutes If tolerated, infuse at 100 mL/hr until dose completion |

- The Snakebite Severity Score (SSS) algorithm (Figure 1) is used to assess progression of envenomation signs and symptoms
 - SSS (Appendix A) does not determine whether or not to initiate antivenom treatment
 - o A Poison Center (1-800-222-1222) consult is recommended to make the determination to treat and provide optimal envenomation management
- Discharge instructions
 - Obtain coagulation labs (i.e., PT/INR, platelets, fibrinogen) prior to discharge
 - Prior to discharge coagulation labs should be normalized or improving with no signs of active bleeding
 - Consider delaying discharge in those with critical lab values (i.e., INR >3.0, platelets <50,000 cells/mm³, fibrinogen <75 mg/dL) and/or active bleeding
 - Obtain coagulation labs prior to Trauma Clinic follow-up
 - Instruct patient to call the Trauma Clinic for signs or symptoms of allergic reaction, abnormal bleeding, or serum sickness (i.e., rash, fever, myalgia, arthralgia)
 - Patient with rattlesnake envenomation or abnormal coagulation labs should take bleeding precautions for 2 weeks (i.e., no contact sports, elective surgeries, or dental work)

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