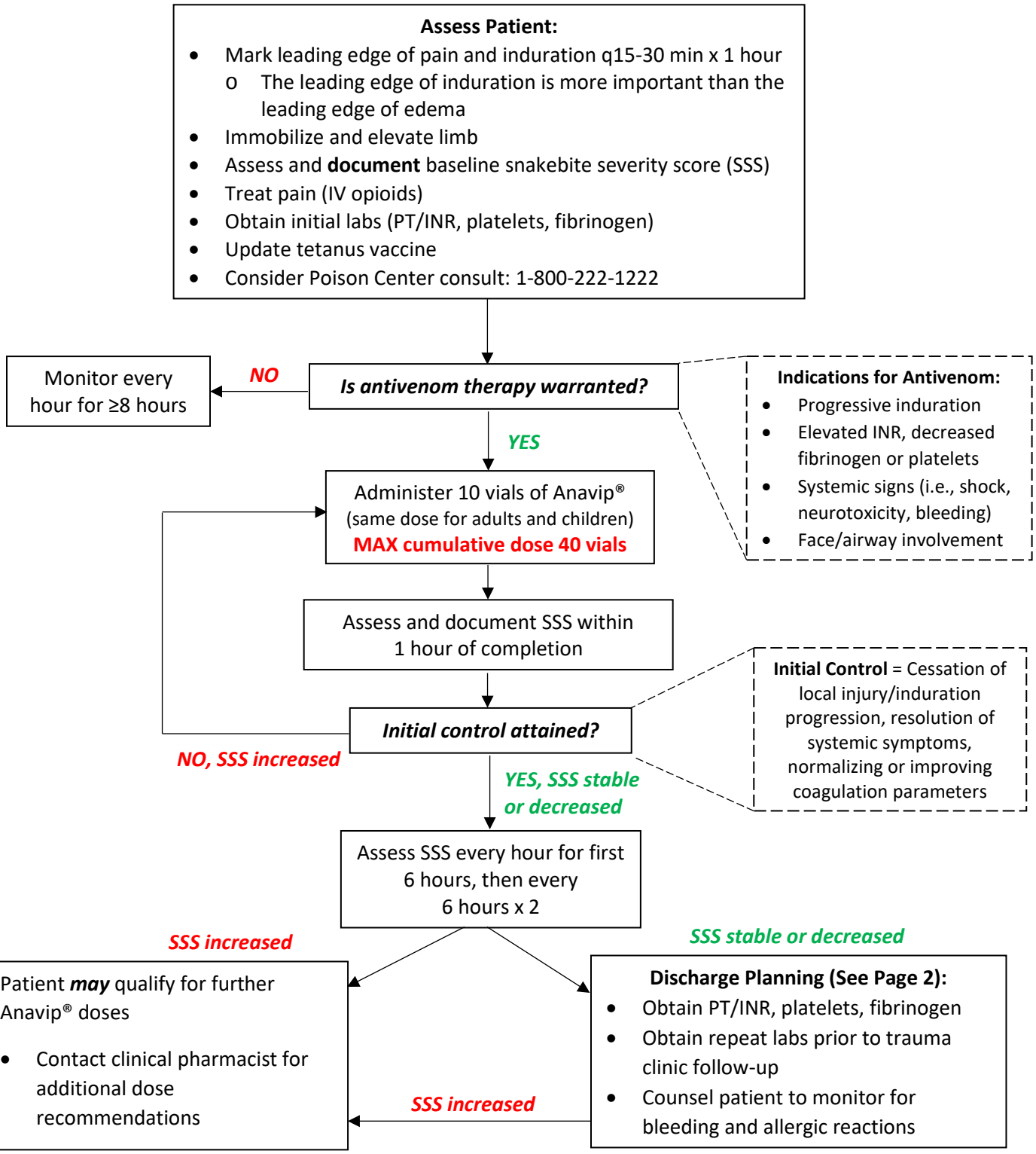
University Health

Snakebite Treatment Algorithm for Adult and Pediatric Crotalidae Envenomation

(Follow algorithm regardless of antivenom administration prior to arrival)



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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®**
  - Stop infusion
  - 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 o May give another 10 vials **IF** symptom control not attained 1 hour **AFTER** infusion completes • 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**	• 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 • Infuse at 25-50 mL/hr for 10 minutes • If tolerated, infuse at 250 mL/hr until dose completion • Adjust fluid volumes for children <25 kg o Reconstitute 10 vials in 100 mL of NS o Infuse at 10 mL/hr for 10 minutes o 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
  - 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/mm^3, 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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References

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