

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.26
Subject	Paramedic Treatment Protocols SNAKEBITE	Page 1 of 2
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
1. Assessment	ABCs
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
3. Oxygen	Low flow High flow if patient is in shock Refer to EMS Policy #530.02.
4. Transport	Minimize on scene time.
5. Remove rings, jewelry, clothing	Remove constricting items around area of bite. Mark edge of area of swelling with pen line and record time. Measure circumference of bite site and record measurement. Repeat measurements every 15 minutes.
6. Apply Elastic Bandage	2-5 inches proximal to the bite if bite is on extremity. Do not apply to hand or foot. Do not use a tourniquet. Apply to a tightness to allow one finger to be easily inserted under the bandage.
7. Immobilize Extremity	Immobilize at or slightly below the level of the heart.
8. IV Access	LR TKO – Standard Tubing
9. Contact Hospital	Per EMS Policy #530.02.

SPECIAL CONSIDERATION AND PRIORITIES

1. Assessment – Mental status, vital signs, location and appearance of wound site. Type of snake?
2. Keep patient quiet and reassure.
3. Transport lights/siren (code 3) for patients in shock, decreased mental status, airway compromise, uncontrolled bleeding or with other severe injuries. Code 2 transport for patients with stable vital signs without immediate life threat.

Approved By	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Division Manager		02/01/2011
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

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4. Further evaluation:

- A. If snake was an exotic pet or zoo animal (e.g., coral snake, cobra, krait, or Mojave rattlesnake), neurologic or respiratory depression may precede local reaction. Observe for mental status change, respiratory depression, convulsions, or paralysis.
- B. Do not allow the application of ice or cooling. Do not allow incision of the wound.
- C. The most effective field management of envenomation is rapid transport (not necessarily code 3) to the emergency department so that intravenous anti-venin can be administered.
- D. Reassure patient. Mortality from snakebites is rare, particularly in young, healthy patients. Many bites are “dry bites” with no venom injected.
- E. EMS personnel should try to ascertain the type of snake if possible and if time allows; however, do not transport or bring the snake to the hospital.