

# SNAKEBITE ANTIVENOM

## ANTIVENOM ADMINISTRATION CHECKLIST

### INSTRUCTIONS RELEVANT FOR DEATH ADDER, POLYVALENT, & TAIPAN ANTIVENOMS

#### CONFIRM NEED FOR ANTIVENOM

- ☐ Check for symptoms & signs of systemic envenoming.
- ☐ Check for neurotoxicity and perform a 20WBCT.
- ☐ Keep patient nil by mouth following admission.

#### PREPARE SUPPLIES & ESTABLISH GOOD IV ACCESS

- ☐ - 1 vial of antivenom
- ☐ - 1 burette
- ☐ - Saline
- ☐ - Adrenaline

#### DILUTE ANTIVENOM

- ☐ **With Burette:** Draw 1 vial of antivenom into burette and add saline to make total volume up to 100-150mls.
- ☐ **Without Burette:** Drain saline bag until 150mls remains. Inject 1 vial of antivenom into bag and mix gently.

*NOTE: Adults and children should both receive a full vial.*

#### SET UP IV INFUSION

- ☐ Prime the line to remove air and prepare and connect the IV line.

#### GIVE PREMEDICATIONS

- ☐ Administer adrenaline at least 5 minutes before starting the Antivenom. Adrenaline dosage: Amp. 1/1000 in 1mL via subcutaneous (sc) injection.

	Weight (Kilograms)							
	3-5.9	6-9.9	10-14.9	15-19.9	20-29.9	30-39.9	40-49.9	Adult
ml	-	-	-	0.25	0.25	0.25	0.5	0.5

*NOTE: Keep adrenaline on-hand in case of anaphylaxis*

#### ADMINISTER THE ANTIVENOM SLOWLY

- ☐ Run the AV slowly over 30 minutes.

#### MONITOR THE PATIENT

- ☐ Observe the patient closely for allergic reaction or anaphylaxis. Stop AV if anaphylaxis signs appear and treat the reaction.

#### PROVIDE ONGOING CARE

- ☐ Patient must remain in inpatient care for 24 hours minimum after antivenom is given. Airways must be actively assessed and managed.
- ☐ Patient should remain nil by mouth for ~24 hours or until their swallowing reflex is strong to avoid asphyxiation.

#### DELAYED SERUM SICKNESS

- ☐ Advise patient about delayed serum sickness risks.

**NOTE:** ENVENOMED PATIENTS SHOULD BE NIL BY MOUTH FOR ~24 HOURS TO REDUCE RISK OF ASPHYXIATION. AIRWAYS SHOULD BE ACTIVELY MANAGED THROUGHOUT ADMISSION PARTICULARLY DURING TRANSFERS.