



SNS COLLEGE OF NURSING
Saravanam Patti (po), Coimbatore.



DEPARTMENT OF NURSING

COURSE NAME : B.Sc. (Nursing) III Year.

SUBJECT : MEDICAL SURGICAL NURSING II

UNIT : VII-DISASTER AND ITS MANAGEMENT

TOPIC : SNAKE BITE





OVERVIEW

- Introduction
- Non-Venomous and venomous snakes
- Clinical Features
- Management of snake bite
- Adverse reactions to anti-snake venom
- Summary
- References



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UNIT : IV-FEMALE REPRODUCTIVE SYSTEM DISORDERS

AND ITS MANAGEMENT

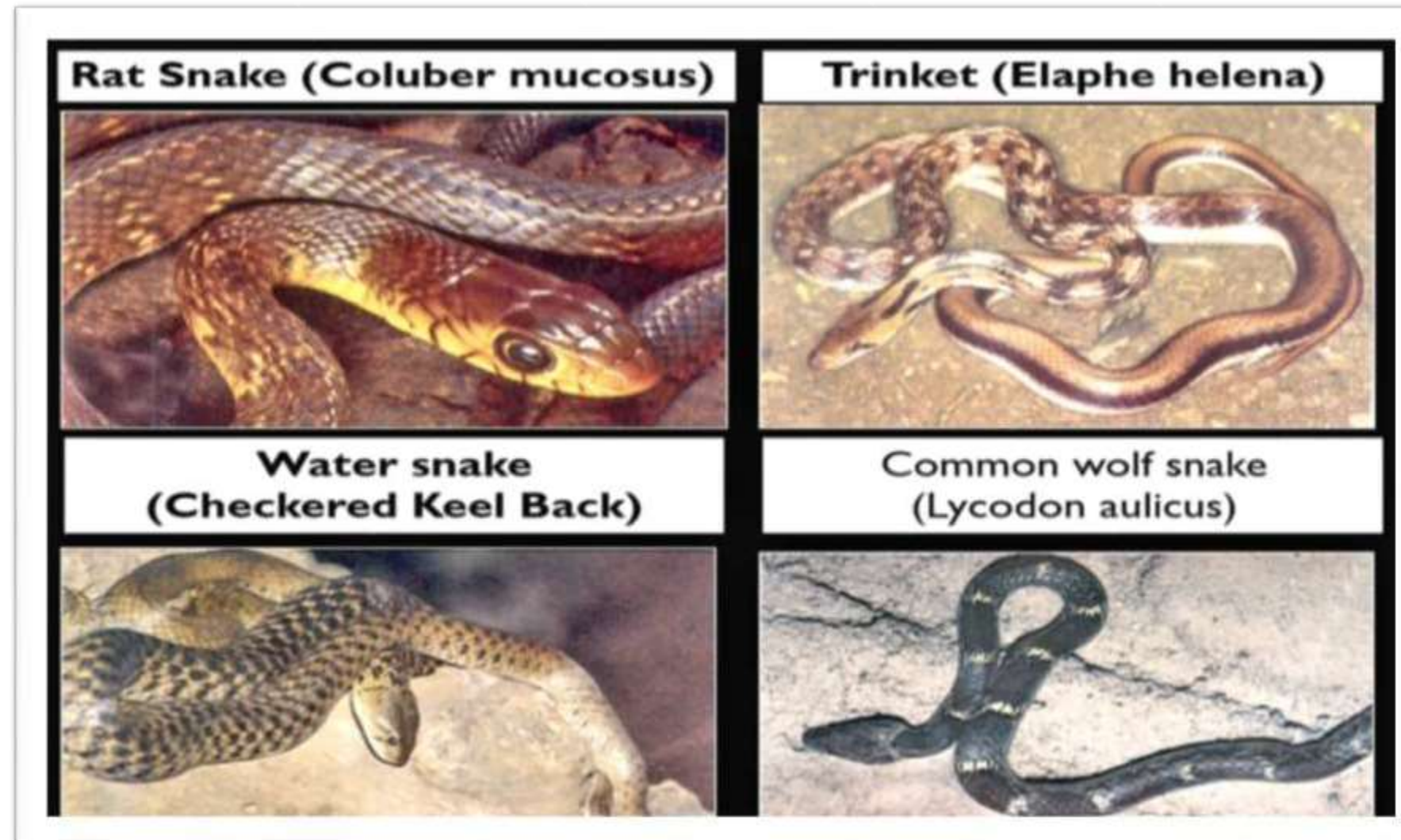
TOPIC : PELVIC INFLAMMATORY DISEASE



INTRODUCTION

- Acute life threatening time limiting medical emergency
- Preventable public health hazard faced by rural population
- India contributes maximum to the snake envenomation caused morbidity and mortality
- Total number of bites more than 5-6 lakhs

NON-VENOMOUS SNAKES



VENOMOUS SNAKES



Indian cobra



Common krait

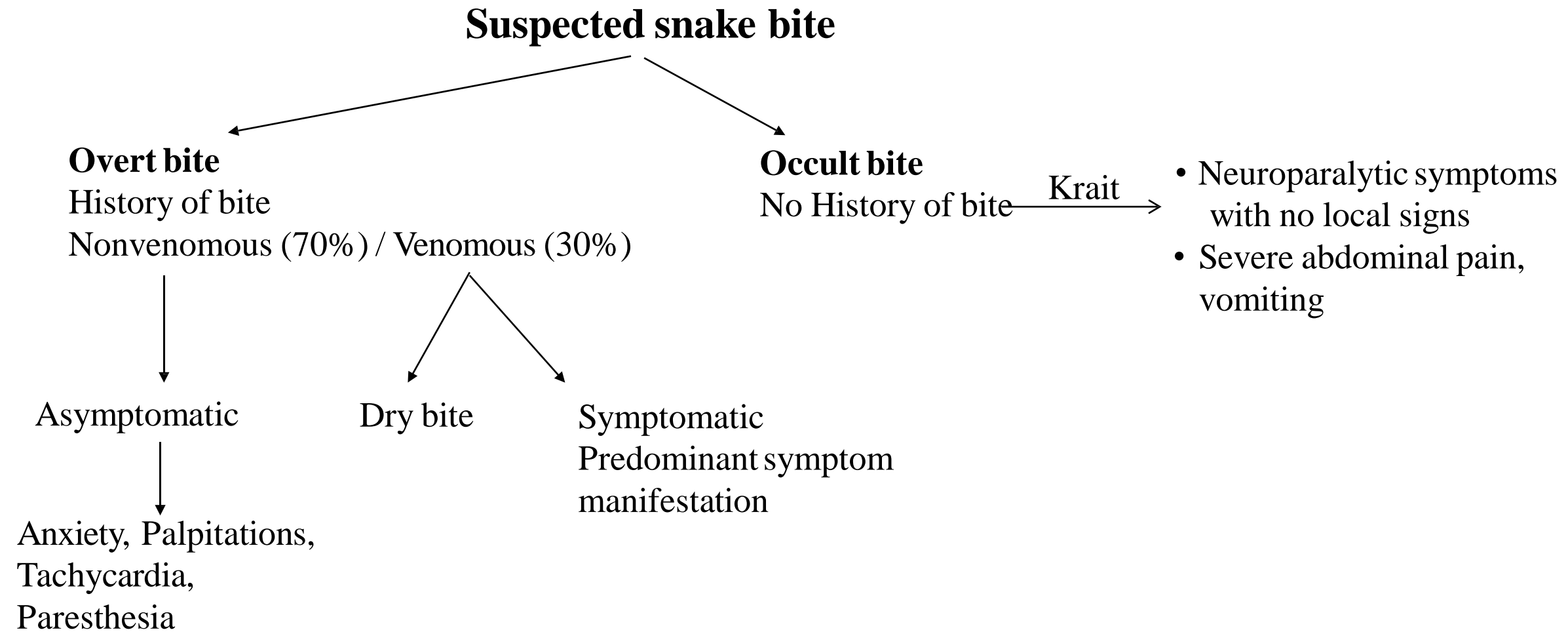


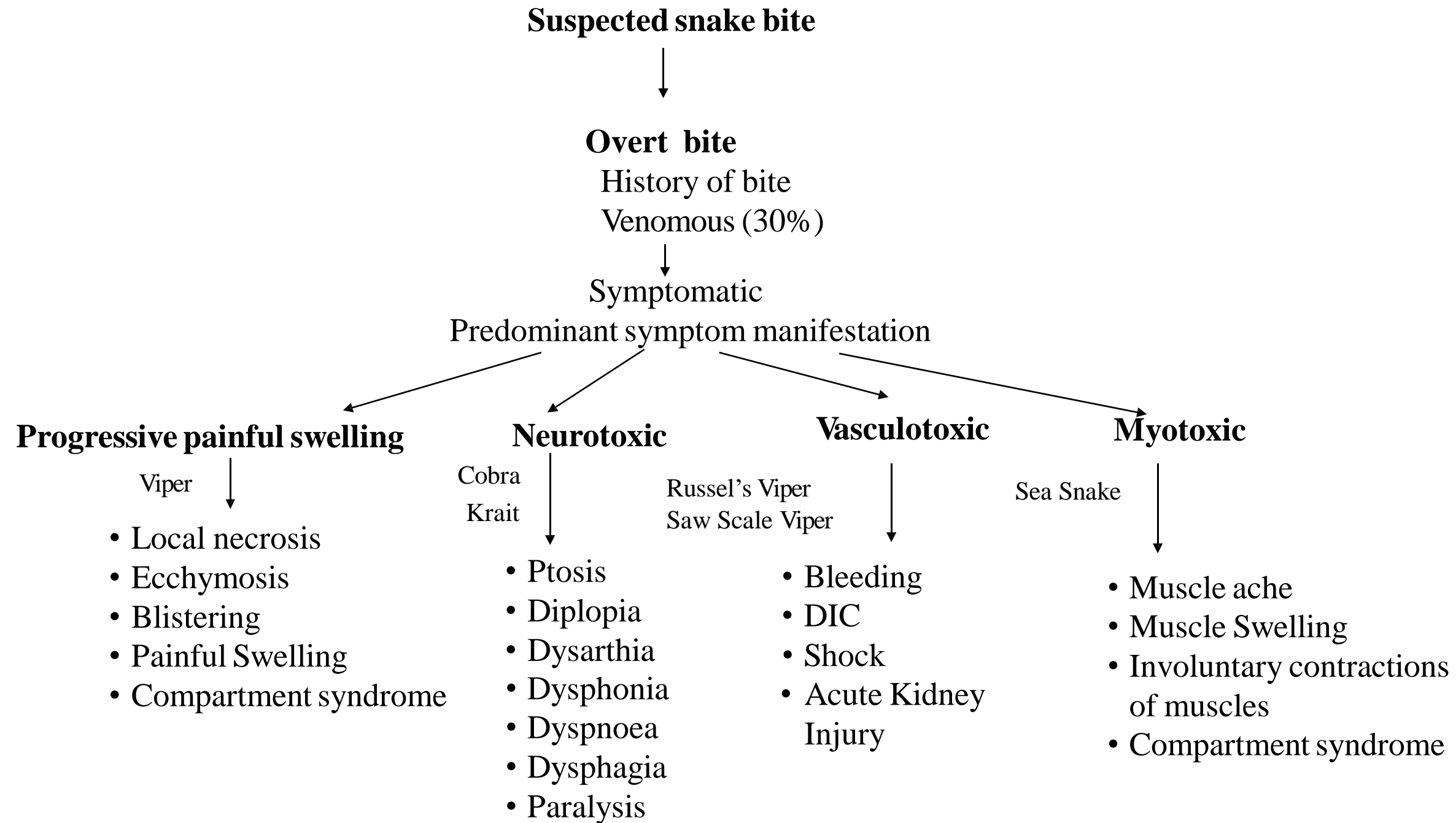
Russell's viper

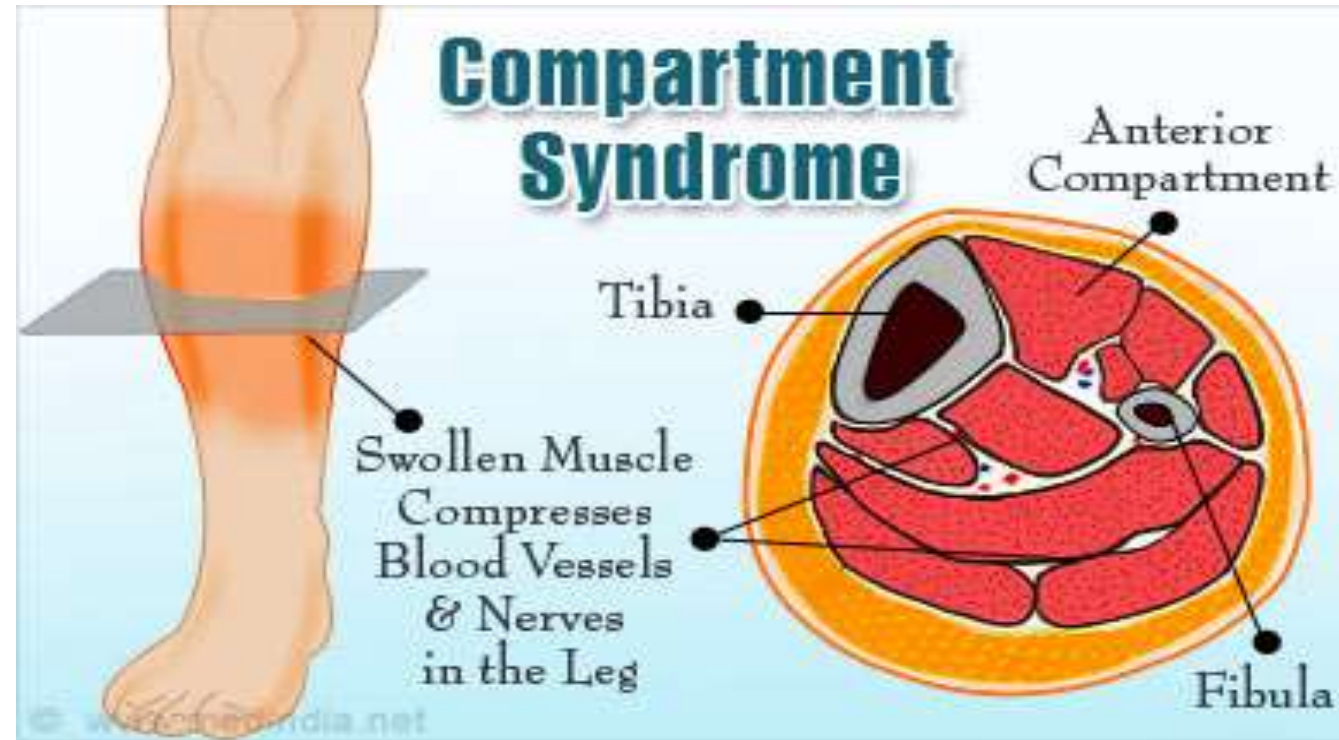


Saw scaled viper

CLINICAL FEATURES









BEFORE GOING TO HOSPITAL

- Move beyond the snake's striking distance.
- Remain still and calm to help slow the spread of venom.
- Remove jewelry and tight clothing before you start to swell.
- Position yourself, if possible, so that the bite is at or below the level of your heart.
- Clean the wound with soap and water. Cover it with a clean, dry dressing



CAUTION

- Don't use a tourniquet or apply ice.
- Don't cut the wound or attempt to remove the venom.
- Don't drink caffeine or alcohol, which could speed your body's absorption of venom.
- Don't try to capture the snake. Try to remember its color and shape so that you can describe it, which will help in your treatment. If you have a smartphone with you and it won't delay your getting help, take a picture of the snake from a safe distance to help with identification.



MANAGEMENT OF SNAKE BITE

Investigations: CBC, Coagulation profile, stool microscopy & other routine tests.

Treatment:

- **R-** Reassure the Patient
- **I – Immobilize** : Which prevent faster spread of venom
- **GH** – Get to the hospital immediately
- **T-** Tell the doctor of any systemic symptoms that manifest on way to hospital



➤ **DO NOT APPLY TORNIQUET** : To avoid pressure necrosis

➤ **NO CUTTING** on that area

➤ In case of vasculotoxic envenomation:-

Anti-snake venom **SALT COMPOSITION**

Standard Cobra Venom (Naja naja) (0.6mg) + Standard common krait Venom (Bangarus caeruleus) (0.45mg) + Standard Russels Viper Venom (Vipera russelli) (0.6mg) + Snake Venom Antiserum (Polyvalent) (0.45mg)

- supportive treatment
- Dialysis
- Blood transfusion



Neurotoxic Envenomation:-

- Causes respiratory paralysis
- Neostigmine(muscle relaxant) reverse respiratory failure & neurotoxic symptoms
- Atropine 0.6mg(clear secretions and muscle spasm) followed by neostigmine (1.5mg) to be given IV and repeat dose of neostigmine 0.5 mg with atropine every 30 minutes for 5 doses
- Ventilatory support may require



- ASV given by IV route & given slowly
- 10 vials of ASV dissolved in 100 ml of distilled water & added to 400 ml of normal saline or dextrose solution
- Total required dose will be between 10 vials to 25 vials



ADVERSE REACTIONS TO ANTI-SNAKE VENOM

➤ Early anaphylactic reactions:

- Tachycardia, urticaria, dyspnoea, laryngeal edema, bronchospasm, hypotension
- Infusion should stop temporarily
- Managed by IM or IV epinephrine, IV glucocorticoids, IV antihistamines



CONTD ADVERSE DRUG REACTION....

➤ **Late serum sickness:**

- occurs 1-2 weeks of after antivenom administration
- Myalgia, arthralgias, fever, lymphadenopathy, renal dysfunction
- Managed by oral systemic glucocorticoids, oral antihistamines



ASSESSMENT

1. List down the types of snakes?
2. Enlist the clinical manifestations of snake bite?
3. Explain the treatment before going to hospital?
4. Enumerate the management of snake bite?s



REFERENCES

- Jameson ,Harrison's principle of internal medicine, 20th ed, Volume 2, Chapter no 451,Disorders caused by venomous snakebites, 3313-3318
- Chakraborty A, Training module for management of snake bite & common poisons, Chapter no. 9, Diagnosis of Snakebite & Envenomation, 8-15
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THANK YOU