



EMSA-Intermediate Treatment Protocol 5504

Environmental Emergencies Snakebite Envenomation

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West Virginia has two native venomous snakes. These are the timber rattlesnake and copperhead. Both are hemotoxic. Not all venomous snakebites involve envenomation. Envenomated patients will have one or more fang marks with ecchymosis, progressive edema, severe burning pain, and/or non-clotted oozing blood.

- A. Upon arrival, make sure the patient and snake are not in close proximity. Retreat well beyond striking range. Persons are often bitten again while trying to capture or kill the snake.
- B. Keep patient calm. Movement can increase venom absorption.
- C. Remove all jewelry and constrictive clothing on affected extremity.
- D. Clean the bite site with soap and water.
- E. Perform **MAMP Protocol 5201**. Do not place IV in bitten extremity.
- F. Place a constricting band proximal to the bite. The band should only restrict superficial venous and lymphatic flow while maintaining distal pulses and capillary refill. The band should be snug but loose enough to easily slide a finger underneath.
- G. Immobilize the extremity at the level of the heart. **Do not** apply ice.
- H. Transport and notify Medical Command.

- I. **Contact Medical Command** for further treatment orders and consider use of **Pain Management Protocol 5902** per **MCP order**.



Special Notes:

- 1. Do not bring live snake to ER. If experienced personnel are available to properly kill and transport snake, then do so.
- 2. Patients previously envenomated are at risk of anaphylactic reaction. Be prepared to treat per **Anaphylaxis Protocol 5501**.