



NEURO ALGORITHM

Symptomatic NEURO Snake Envenomations

PROTOCOL: Applies to Neurotoxic bites **OCONUS**. If **CONUS**, contact poison center / DOD ADVISOR and request toxicology report.

TQ If patient arrives with tourniquet, refer to Tourniquet Algorithm.

COMMUNICATION PLAN:

Call DOD ADVISOR (+1-833-238-7756) ASAP.
Request toxicology consult for symptomatic snakebite or pre-mission planning questions about antivenom.
DO NOT DELAY ANTIVENOM. MEDEVAC ≥ ROLE 2.

ABCs: Assess for Crash Signs

Remove rings, watches, shoes, etc. IV/IO access (non-bitten limb)
Initiate Snakebite Communication Plan and MEDEVAC

RAPID SNAKEBITE EXAM

Stable

MILD

Local ONLY. NO systemic signs.

- Sensory:** Local pain, paresthesias, hyperesthesia progressing up limb
- Discoloration, goose-bumps, other local signs may be present

MODERATE

Early systemic signs without difficulty speaking, breathing, swallowing, or seeing.

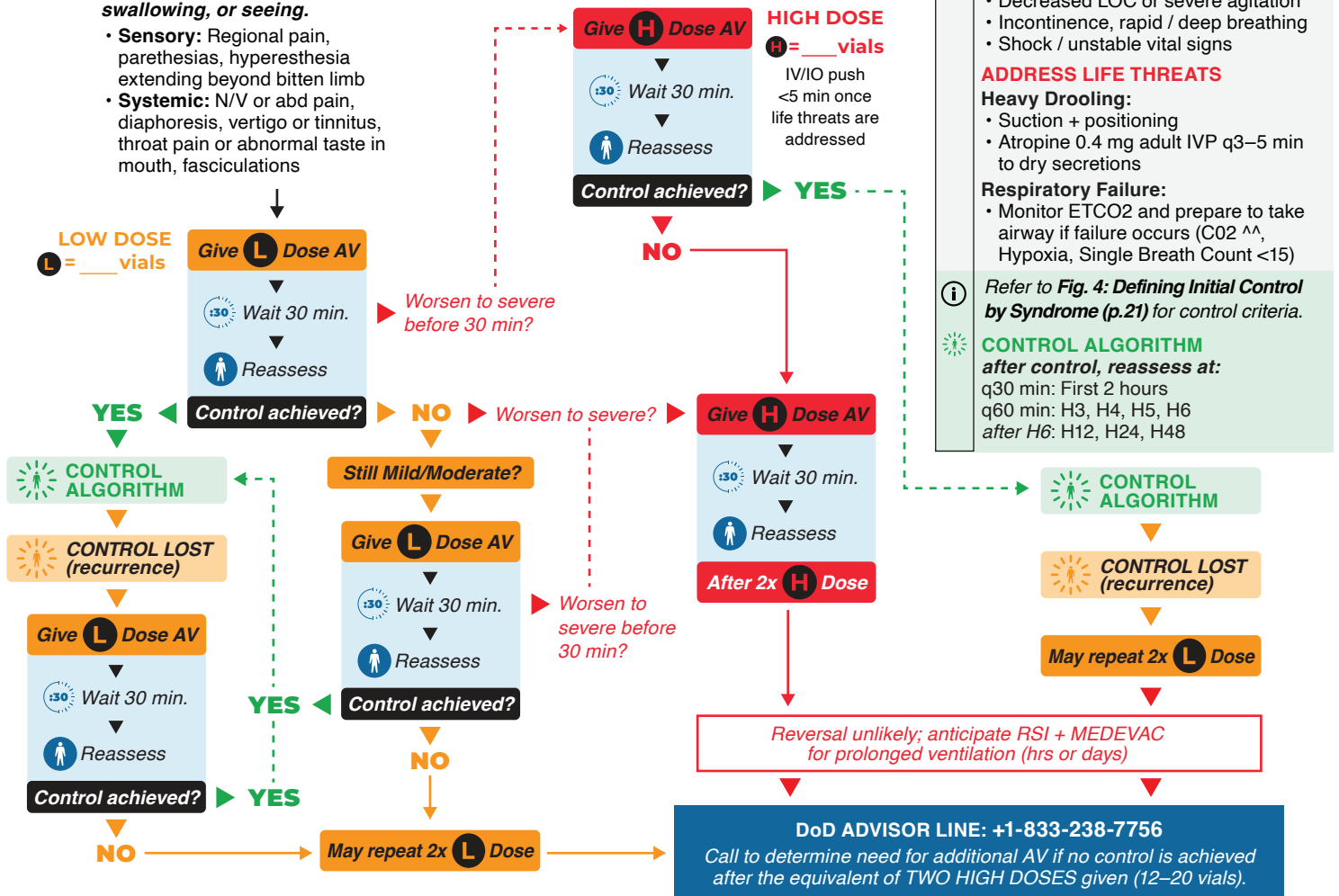
- Sensory:** Regional pain, paresthesias, hyperesthesia extending beyond bitten limb
- Systemic:** N/V or abd pain, diaphoresis, vertigo or tinnitus, throat pain or abnormal taste in mouth, fasciculations

Unstable

SEVERE

Central neuro signs (ptosis, paralysis, etc) WITH ≥1 of following: difficulty seeing, speaking, swallowing, or breathing.

- Excitatory Phase:** Tachypnea, hypertension, hyperglycemia
- General:** Blurred or double vision, profuse diaphoresis, persistent vomiting/diarrhea, neck flexor weakness



RAPID SNAKEBITE EXAM

- NEURO:** Assess top-down from head for ptosis, weakness, descending paralysis, and problems seeing, speaking, swallowing, or breathing.
- HEMO:** Assess bitten limb for persistent local bleeding (oozing), check mouth, nose, other mucosa for systemic bleeding.
- CYTO:** In Sharpie on bitten limb, mark progression + record time
 - Pain** (dashed line)
 - Firm Edema** (solid line)

TIP: Progression should stop 30–60 min after correct AV dose.

Refer to **Appendix H, Table 1: Antivenom Dosing by Product** for **H/L** doses

UNSTABLE/CRASH SIGNS

- Incomprehensible or absent speech
- Airway or breathing concerns (including pooling secretions)
- Decreased LOC or severe agitation
- Incontinence, rapid / deep breathing
- Shock / unstable vital signs

ADDRESS LIFE THREATS

Heavy Drooling:

- Suction + positioning
- Atropine 0.4 mg adult IVP q3–5 min to dry secretions

Respiratory Failure:

- Monitor ETCO₂ and prepare to take airway if failure occurs (CO₂ ↑↑, Hypoxia, Single Breath Count <15)

Refer to **Fig. 4: Defining Initial Control by Syndrome (p.21)** for control criteria.

CONTROL ALGORITHM

after control, reassess at:

- q30 min: First 2 hours
- q60 min: H3, H4, H5, H6
- after H6: H12, H24, H48

Refer to **Appendix H, Table 1: Antivenom Dosing by Product** for specific **H/L** doses.