



HEMO/CYTO ALGORITHM

Symptomatic HEMO/CYTO Snake Envenomations

PROTOCOL: Applies to HEMO/CYTO 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. 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

LOWER RISK LOCAL

NO systemic signs: normal vitals, no mucosal/GI bleeding, no coagulopathy

- Worsening pain (moves up limb)
- Firm edema below elbow/knee (1/2 bitten limb).
- Blisters + or none; at bite only, not bleeding.
- Persistent bleeding only from bite wounds
- Low risk for disability

HIGHER RISK LOCAL

MILD Systemic Symptoms: nausea/vomiting, abdominal pain, diaphoresis, vertigo/tinnitus

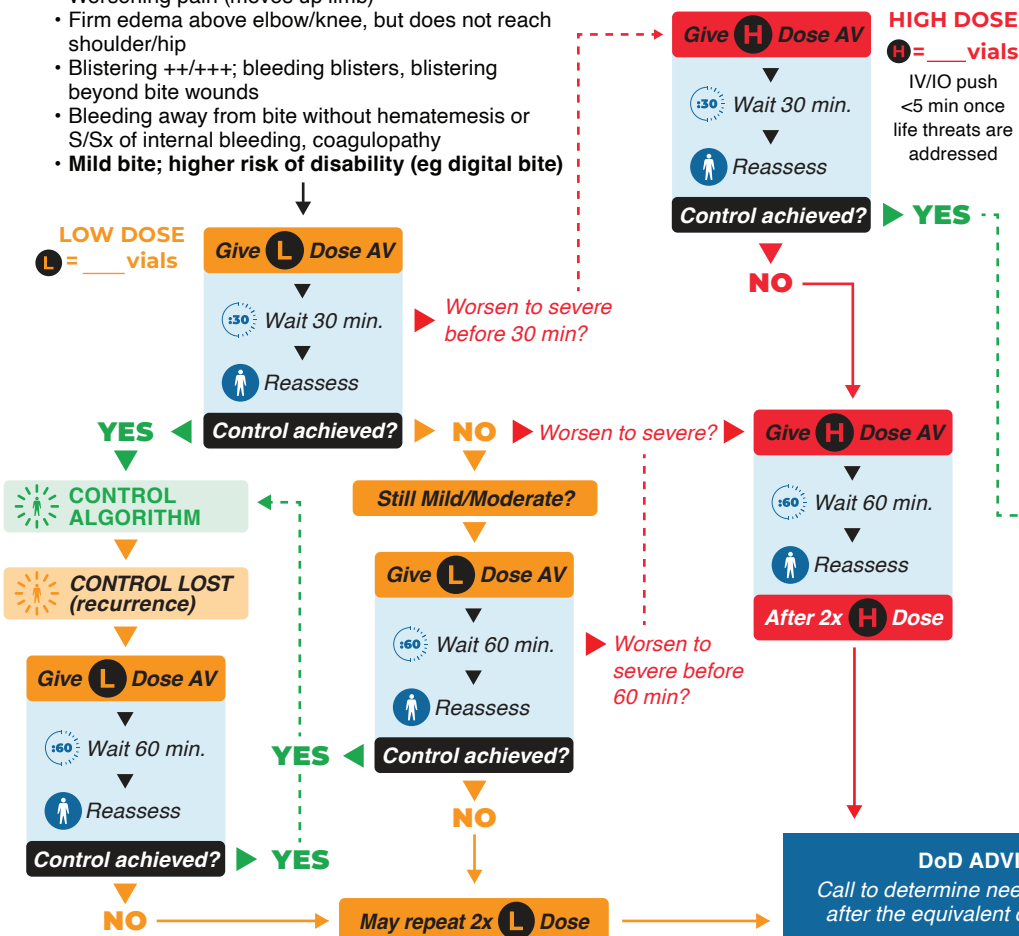
- Worsening pain (moves up limb)
- Firm edema above elbow/knee, but does not reach shoulder/hip
- Blistering ++/+++; bleeding blisters, blistering beyond bite wounds
- Bleeding away from bite without hematemesis or S/Sx of internal bleeding, coagulopathy
- Mild bite; higher risk of disability (eg digital bite)

Unstable

SEVERE / SYSTEMIC

Unstable systemic signs: hypotension, altered mental status, abnormal ECG/chest pain

- Worsening pain (moves up limb)
- Firm non-pitting edema reaches or passes base of limb (shoulder/hip)
- Rapid severe blisters away from bite wounds within 1-2 hours
- Major bleeding with hematemesis, bloody stool/urine, or suspected intracranial/intra-abdominal bleed



RAPID SNAKEBITE EXAM

- 1. NEURO:** Assess top-down from head for ptosis, weakness, descending paralysis, and problems seeing, speaking, swallowing, or breathing.
- 2. HEMO:** Assess bitten limb for persistent local bleeding (oozing), check mouth, nose, other mucosa for systemic bleeding.
- 3. 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

- Rapid onset hypotension, dyspnea, angioedema, syncope, hematemesis or hematochezia, other internal bleeding, severe anemia or hemorrhagic shock
- Sudden loss of distal sensation, circulation & movement in bitten limb
- Decreased LOC or severe agitation
- Incontinence, rapid / deep breathing
- Shock / unstable vital signs

ADDRESS LIFE THREATS

Hemorrhagic Shock:

- DO NOT DELAY whole blood, give blood + high dose antivenom ASAP

Hypotension / Shock:

- Aggressive fluid resuscitation, epinephrine for pressor, high dose antivenom ASAP



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.