



CONTROL ALGORITHM

Control Achieved - Assessment & Disposition Pathway

This algorithm outlines assessment intervals and disposition decisions for **symptomatic snakebite patients** with NEURO, HEMO/CYTO, or systemic instability **once control has been achieved** after the correct dose of antivenom has been given. **TIP:** Snakebites are dynamic, frequent reassessment is used early to catch evolving clinical signs, intervals gradually lengthen as risk reduces.

COMMUNICATION PLAN:

Call DOD ADVISOR (+1-833-238-7756) ASAP.
Request toxicology consult for symptomatic snakebite.
DO NOT DELAY ANTIVENOM. MEDEVAC ≥ ROLE 2.



If control lost at any time (S/Sx of envenomation develop) during this algorithm, you have recurrence and must treat using the appropriate



ALGORITHM or



ALGORITHM until control is restored.



If patient arrives with tourniquet, refer to Tourniquet Algorithm.

REPEAT



RAPID SNAKEBITE EXAM

at the following times:

Hour 0



Reassess every 30 minutes

Hour 2



Stepwise Removal

H₀

H_{0.5}

H₁

H_{1.5}

H₂

Control maintained?

Hour 3



Reassess every 1 hour

Hour 6



H₃

H₄

H₅

H₆

Control maintained?

Symptomatic patients should remain in clinic until asymptomatic (control maintained) for 48 hours without recurrence.

Hour 12



After H6, Patient must return for assessment at hours:

Hour 48



H₁₂

H₂₄

H₄₈

Control maintained?

DISPOSITION: RETURN TO FULL DUTY

NO S/Sx indicating onset or recurrence of envenomation for 48 hours...

OR

Snake ID by expert confirms harmless species at any time AND DoD ADVISOR toxicologist agrees with disposition.



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.



Check off each completed assessment timestamp.



Control must be maintained for a full 48 hours (or non-venomous ID confirmed) prior to return to full duty. If control is lost, restart the 48h timer to disposition.

Note on Snake ID: Snake ID is not recommended or required for treatment. However, when evidence is available, expert identification confirming a non-venomous species can permit early return-to-duty prior to Hour 48. Always consult DoD ADVISOR line (+1-833-238-7756) for clearance in these cases.



HEMO DISPOSITION:

Patients with coagulopathy and/or systemic bleeding will require 2 weeks of bleeding precautions & serial labs prior to clearance for full return to duty as per unified treatment algorithm (US standards).



CAUTION - Polyphasic Recurrence and Venom Depot Effect

In some cases, initial control may be lost as additional venom is released from depots in tissue compartments. The risk is highest in the first 6 hours after control but may occur more than 24 hours later. If recurrence occurs, return to the appropriate treatment algorithm and give additional AV doses until control is regained. **Patient must remain in control for 48h without recurrence prior to disposition.**



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