SNAKEBITE--OBSERVATION GUIDELINES

I. Exclusion Criteria

A. Fever over 103
B. Need for Antivenom
C. Unstable VS
D. Need for fasciotomy
E. Systemic disorder (Renal failure, D.M., Sickle cell disease, immunosuppression)

II. OBS Interventions

A. Serial exams including vital signs
B. Analgesic
C. Antipyretic
D. Antiemetics
E. IV hydration
F. Antihistamine as needed

III. Disposition

HOME
A. No expanding swelling or cellulitis
B. Pain control
C. No antivenom given
D. Tolerate po medications

HOSPITAL
A. Expanding swelling or cellulitis
B. Inability to control pain and N&V on po medications
C. Need for antivenom or surgical management

IV. Time frame
A. 8-24 hours observation and treatment
1. Admit to Emergency Department Observation Unit
2. Initial Emergency Department Physician: _________________________________
3. Private Physician: ___________________ Time Contacted: ___________________
4. Consult: __________________________________________________________________________
5. Condition: ___ Stable ___ Serious
6. Copies of Emergency Department H&P on chart
7. Allergies: ______________________________________________________________________
8. Routine Vital Signs _____ Neurovascular checks every 2 hours/Notify ER MD for rapid increase in
   swelling or pain
9. ST segment - continuous monitoring
10. Activity: ___ up ad lib ___ Other: __________________________________________________
11. Diet: ___ Clear liquid, advance as tolerated ___ Regular
     ___ Oral rehydration solution (pedialyte) ___ Other: _____________________________
12. IV Fluids: ___ D5½NS + 20 meq KCl/1000ml at ___ml/hour
    ___ NS at ___ml/hour
    ___ Other: _____________________________
13. Medications:
    ___ Tylenol 1 gram po every 6 hours prn pain or fever > 101°
    ___ Tylenol 10mg/kg oral/rectal every 6 hours prn fever > 101°
    ___ Motrin 800 mg po every 6 hours prn pain
    ___ Ultram 50 mg po every 6 hours prn pain
    ___ Maalox 30 cc po every 4 hours prn indigestion
    ___ Phenergan
        ____ 25mg IV every 6 hours prn nausea/vomiting
        ____ 12.5mg IV every 6 hours prn nausea/vomiting
    ___ Zofran
        ____ 4mg IV every 4 hours prn nausea/vomiting
        ____ 0.15mg/kg IV every 4 hours prn nausea/vomiting
    ___ Rocephin 1 gram IV every 24 hours
    ___ Levaquin 500mg IV every 24 hours (only if allergic to cephalosporins)
    ___ Morphine Sulfate _____ mg IV every 4 hours prn pain
    ___ Stadol 1 mg IV every 4 hours prn pain
    ___ Valium 10 mg po every 6 hours and PRN pain -hold if sedated.
14. Re-evaluate for discharge every 3 hours

____________________________________________  ________________________
Emergency Department Physician Signature   Date/Time
Please date and sign each entry.

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
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<tbody>
<tr>
<td>PROTOCOL: SNAKE BITE</td>
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<tr>
<td>RELEVANT HISTORY/PHYSICAL FINDINGS:</td>
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<th>OBSERVATION INTERVENTIONS:</th>
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<tr>
<td>IV Hydration as indicated</td>
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<tr>
<td>Serial Exams and Vital Signs</td>
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<td>Antihistamines</td>
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<th>GOALS OF OBSERVATION PERIOD:</th>
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<tr>
<th>HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:</th>
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<tr>
<th>MORNING PLAN</th>
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<tr>
<th>PRIMARY PHYSICIAN CONTACTED:</th>
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<tbody>
<tr>
<td>YES NAME:</td>
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<td>NO</td>
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ATTENDING SIGNATURE / DATE
DATE:

TIME:

PRESENTING COMPLAINT:

OBSERVATION COURSE:
    ____ Serial Exams, Vital Signs, and Neurovascular Checks
    ____ Pain Medications
    ____ Antihistamines
    ____ IV Hydration

PHYSICAL EXAM:

FINAL DIAGNOSIS:

DISPOSITION:    ____ Home    ____ Admission

DISCHARGE INSTRUCTION GIVEN:    ____ Yes    ____ No

PRIMARY PHYSICIAN CONTACTED:    ____ Yes    ____ No

NAME: ____________________________

FOLLOW UP:

______________________________________________________________________

ATTENDING SIGNATURE / DATE