

SLAKEBITE--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

**EMERGENCY DEPARTMENT
OBSERVATION UNIT
SNAKE BITE**

Admission Orders

Addressograph

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

EMERGENCY DEPARTMENT OBSERVATION UNIT

SNAKE BITE PROGRESS NOTE

Addressograph

Please date and sign each entry.

DATE:		TIME:	
PROTOCOL: SNAKE BITE			
RELEVANT HISTORY/PHYSICAL FINDINGS:			
OBSERVATION INTERVENTIONS:			
	IV Hydration as indicated		Pain medications as needed
	Serial Exams and Vital Signs		Neurovascular Checks
	Antihistamines		
GOALS OF OBSERVATION PERIOD:			
HOW OFTEN WILL PATIENT BE EVALUATED BY PHYSICIAN:			
MORNING PLAN			
PRIMARY PHYSICIAN CONTACTED:			
	YES NAME:		
	NO		

ATTENDING SIGNATURE / DATE

EMERGENCY DEPARTMENT OBSERVATION UNIT

SNAKE BITE DISCHARGE NOTE

Addressograph

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