



Notes/Definitions

- **Ensure the scene is safe and risk of second snake strikes is alleviated.**
 - If snake is located, take cell phone picture of snake (if it can be done safely) to show the receiving facility staff.
 - Do not bring the snake to the hospital.
- **Do NOT apply tourniquets, ice, or suction.**

Base Hospital Contact Required

BLS Interventions

- Refer to OCEMS BLS Standing Orders SO-B-001.

Affected Extremity Intervention

- Minimize patient movement.
- Immobilize the affected extremity and keep it at heart level.
- Remove any restrictive clothing or jewelry from the affected extremity.
- Avoid blood pressure cuffs or other constrictive devices on the affected extremity.
- Control any external bleeding if present.

ALS Interventions

- Monitor for systemic toxicity:
 - Hypotension
 - Coagulopathy (bleeding, oozing)
 - Neuro symptoms (weakness, paresthesia)
 - Allergic / anaphylactic reaction
- Cardiac monitoring.
- Establish IV / IO access as needed.
- Treat for anaphylaxis per OCEMS Treatment Guidelines M-015:
 - ▶ **Epinephrine 0.5 mg IM** lateral thigh area (1 mg / 1 ml concentration)
*Do not administer if Epinephrine Auto-injector administered prior to arrival
 - ▶ **Diphenhydramine (Benadryl®) 50 mg IM / IV – once**
*Do not administer if taken prior to arrival
- Treat for hypotension (SBP < 90) or signs of shock:
 - ▶ **Normal Saline 250 mL IV / IO bolus** – may repeat up to 1 liter to maintain adequate perfusion
 - ▶ **Push Dose Epinephrine 1 ml (10 mcg) IV / IO** – every 3 minutes (titrate to SBP > 90)
- Treat for pain choosing one of the following to administer:
 - ▶ **Fentanyl 50 mcg IV / IM** – may repeat once after 3 minutes, hold for SBP < 90
 - ▶ **Fentanyl 100 mcg IN** – may repeat once after 3 minutes, hold for SBP < 90
 - ▶ **Morphine sulfate 5 mg (or 4 mg CARPUJECT™) IV / IM / IO** – may repeat once after 3 minutes, hold for SBP < 90
 - ▶ **Ketamine 0.1 mg / kg IV** – may repeat once after 15 minutes, max single dose 10 mg

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- ▶ **Ketamine 0.5 mg / kg IM** – may repeat once after 15 minutes, max single dose 50 mg
- ▶ **Ketamine 1 mg / kg IN** – once, max dose 100 mg

Transport Consideration

- ALS escort to nearest appropriate ERC identified by the **Base Hospital**.

Additional Considerations

- Past recommendations for use of tourniquet and keeping affected extremity below the level of the heart is no longer current due to increased risk of edema and subsequent circulatory compromise in the bite area.
- If envenomation involves a non-native/exotic species (i.e. snakes from Asia or Australia), consult the Base Hospital Physician, as specialized antivenin or alternative management may be needed.
- It is contraindicated to use Ketorolac for pain management due to life-threatening coagulopathy known as venom-induced consumptive coagulopathy.

Base Hospital

- Refer to the current “Antidote & CBRN Countermeasure Survey” to determine the closest ERC with immediate access to the antivenin Crotalidae Polyvalent Immune Fab (aka Crofab).

Cross References:

SO-B-001 BLS Standing Orders

SO-B-004 Snake Envenomation

M-015 Allergic Reaction / Anaphylaxis - Adult / Adolescent

SO-M-045 Shock (Symptomatic Hypotension)

SO-M-060 Nausea / Vomiting

PR-70 Ketamine Analgesia

PR-230 Preparation and Administration of Push Dose Epinephrine – Adult / Adolescent