

# First Aid Snake Bite Treatment Protocol

## Do it R.I.G.H.T

- ☑ **R. =**        **R**eassure the patient. 70% of all snakebites are from non-venomous species. Only 50% of bites by venomous species actually envenomate the patient
  
- ☑ **I =**        **I**mmobilise the bitten limb in the same way as a with fractured limb. Use bandages or cloth to hold the splints, not to block the blood supply or apply pressure. Do not apply any kind of compression in the form of tight ligatures, they don't work and can be dangerous!
  
- ☑ **G. H. =**     **G**et to **H**ospital Immediately. Traditional remedies have **NO PROVEN** benefit in treating snakebite.
  
- ☑ **T=**        **T**ell the doctor of any systemic symptoms of the patient such as ptosis that manifest on the way to hospital.

If you have any allergies or asthma, make sure you tell the doctor before anti-venom is given.

If you see any bites and the victim loses consciousness or stops breathing, do not worry, keep them breathing with mouth to mouth until you get to the hospital (see backside for instructions). The venom interrupts the electrical signal from the brain to the muscles and causes paralysis. As long as you breathe for the victim on the way to hospital, they will survive.

### GOA

The only immediate risks in any snakebite are from the neurotoxic snakes. These are the Cobra and Krait in Goa. The Krait is strictly nocturnal and will only bite at night. The Cobra moves about all the time.

The Russell's viper and Saw scaled viper are both present in Goa and are poisonous but a little less than the Cobra and Krait.

*"India has no shortage of amateur expert snake catchers/handlers. India also has the world's highest mortality rate from snakebites. The two are not entirely unconnected. Its nothing like it is on the T.V. The snake has to be lucky just once. The snake catcher has to be lucky every time!"*

**Dr. Ian D. Simpson**  
**W.H.O. Snakebite Treatment Group**

## **Traditional methods which DO NOT work**

**Do not use any of the methods below  
as it has been proven that they do not work  
and often make matters worse.**

**Do not think you know better because you are not an expert on this subject!**

### **Tourniquets**

The use of tight tourniquets made of rope, belt, string or cloth have been traditionally used to stop venom flow into the body following snakebite. However, tourniquets do not work and have the following problems:

- Risk of Ischemia and loss of the limb.
- Increased Risk of Necrosis with 4/5 of the medically significant snakes of India.
- Increased risk of massive neurotoxic blockade when tourniquet is released.
- Risk of embolism if used in viper bites. Pro-coagulant enzymes will cause clotting in distal blood. In addition, the effect of the venom in causing vasodilatation presents the danger of massive hypotension when the tourniquet is released.
- They do not work! Venom was not slowed by the tourniquet in several experimental studies, as well as in field conditions. Often this is because they are tied on the lower limb or are incorrectly tied.
- They give patients a false sense of security, which encourages them to delay their journey to hospital.

### **Cutting and Suction**

Cutting a victim with incoagulable blood increases the risk of severe bleeding as the clotting mechanism is no longer effective and increases the risk of infection. No venom is removed by this method.

Suction devices have been conclusively proven not to reduce the amount of circulating venom. There has been some evidence that these devices increase envenomation as they inhibit natural oozing of venom from the wound. In addition, they have been shown to increase the local effects of necrosis.

### **Washing the Wound**

Victims and bystanders often want to wash the wound to remove any venom on the surface. This should not be done as the action of washing increases the flow of venom into the system by stimulating the lymphatic system).

### **Electrical Therapy**

The theory behind electrical shock therapy is that an electric current to the wound denatures the venom. However, research shows that the venom is not denatured at all.

### **Cryotherapy**

Cryotherapy involves the application of ice a, however it has been shown that this method had no benefit and merely increased the necrotic effect of the venom.

### **Pressure Immobilisation Method (PIM)**

Pressure Immobilisation has proven not to work.