

FIRST AID

1. THE DEFINITIVE TREATMENT OF A POISONOUS-SNAKEBITE VICTIM CAN ONLY BE PROVIDED BY A PHYSICIAN IN A HOSPITAL. The first responsibility of anyone providing care to a victim is to arrange transportation to an appropriate physician/hospital.
2. While waiting for and during transportation:
 - a. CALM AND REASSURE THE VICTIM. Movement, especially of a bitten extremity increases the spread of the poison. Have victim lie down, if possible, and keep him quiet. Give nothing by mouth. Keep the victim warm.
 - b. REMOVE CLOTHING AND JEWELRY FROM THE AFFECTED AREA BEFORE SWELLING OCCURS.
 - c. APPLY A WIDE CONSTRICTIVE BAND 2 TO 4 INCHES ABOVE AND BELOW THE SNAKEBITE. If the bite is on the hand or foot, apply only one band above the wrist or ankle as appropriate. Apply the band tightly enough to wrinkle the skin but still allow a finger to be inserted easily between the band and the skin. THE CONSTRICTIVE BAND SHOULD SLOW THE FLOW OF SUPERFICIAL BLOOD AND TISSUE FLUID, BUT SHOULD NOT INTERFERE WITH THE FLOW OF BLOOD IN THE DEEP ARTERIES AND VEINS.
 - d. CHECK VICTIM'S VITAL SIGNS: BLOOD PRESSURE, PULSE, AND RESPIRATION. DO NOT DELAY EVACUATION.
 - e. IMMOBILIZE THE AFFECTED AREA WITH A LOOSE SPLINT. If the bite is on the arm or leg, keep extremity below the level of the heart. Splints applied with elastic bandages applied (light tension) have been shown to slow the spread of the poison. DO NOT DELAY EVACUATION.
 - f. COVER THE WOUND WITH A DRESSING AND APPLY A COOL PACK TO THE SNAKEBITE IF AVAILABLE. The purpose of the cool pack is to slow blood flow and the subsequent spread of venom. DO NOT USE ICE. DO NOT DELAY EVACUATION.
 - g. DO NOT CUT OPEN THE SNAKEBITE AND SUCTION THE VENOM. This technique does not remove much venom, and it exposes the wound to further complications. Any venom removed could harm the person who is providing this type of first aid.
3. TRANSPORT VICTIM IMMEDIATELY TO MEDICAL FACILITY. Send the snake, if possible, or its identification with the victim to aid medical personnel in determining the proper treatment.

CAUTION: Do not attempt to capture the snake alive. Try to kill it without damaging too many of its identifying features. Handle it carefully, as freshly killed snakes can bite due to reflex action.

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POISONOUS SNAKEBITE TREATMENT

PIT VIPER/VIPER



ELAPID

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VIPERS

Vipers, one of the two groups of poisonous snakes, have long movable fangs. When not in use, the fangs fold back into a sheath on the roof of the mouth. The fangs are erected when the snake strikes. Examples of vipers include the pit viper, cottonmouth, water moccasin, rattlesnake, copperhead, fer-de-lance, Russels viper, Korean pit viper, and gaboon snakes.

SYMPTOMS

The venom affects the circulatory system and destroys muscle. Symptoms usually develop within 5 to 10 minutes and slowly spread.

- Severe pain
- Swelling
- Change in skin color

After several hours, the following symptoms will occur:

- Further swelling; further change in skin color
- Bleeding blisters
- Numbness of the affected area

Other signs which may occur:

- Weakness
- Rapid pulse
- Nausea
- Vomiting
- Shortness of breath
- Shock
- Sweating

ELAPIDS

Elapids, one of the two groups of poisonous snakes, have one pair of immovable fangs. Examples of elapids include coral, cobra, mamba, and krait snakes.

SYMPTOMS

The venom affects the central nervous system. Because a snakebite initially produces only slight pain and swelling, the victim may fail to realize they have been bitten or that the wound is serious. Symptoms usually develop within 1 to 7 hours after the bite occurs.

- Blurred vision
- Drooping eyelids
- Slurred speech
- Drowsiness
- Increased salivation and sweating

If the snakebite is not treated promptly, the following symptoms may appear:

- Vomiting
- Shock
- Breathing difficulties
- Paralysis
- Convulsion
- Coma