



REGULATORY/ MEDICAL HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

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TO: BASE STATION PHYSICIANS
BASE STATION COORDINATORS
FIRE EMS COORDINATORS
AMBULANCE EDUCATION DIRECTORS
PARAMEDIC TRAINING PROGRAMS
EMT TRAINING PROGRAMS

FROM: SAM J. STRATTON, MD, MPH
MEDICAL DIRECTOR, OCEMS

SUBJECT: CHANGE IN SNAKE ENVENOMATION MANAGEMENT

Dr. Michael Levine, a USC Toxicology expert and specialist in management of snake envenomation has recommended that tourniquets not be applied above the level of a snakebite of the extremity. In addition, it is no longer advised that the affected extremity be kept below the level of the heart. These recommendations are made because edema formation can complicate medical management of a serious snake envenomation.

With this being snakebite season, the standing order for management of snake envenomation is being revised and released before regular system updates. Attached are a redline version of the current standing order and revised ALS and BLS standing orders.

In addition the standing order has been revised so that, if safely possible, a cell phone photograph of the snake be obtained as it is helpful for the receiving facility.

For EMT training programs and responders a new standing order for management of snake envenomation has been developed.

SJS/#3259



ALS STANDING ORDERS:

1. Assure scene is safe and risk of second snake strikes are alleviated. If snake located, take cell phone picture of snake, if can be done safely, to show to receiving facility staff.
2. Make early base contact to determine appropriate receiving hospital that can provide antivenin.
3. Minimize patient movement.
4. Splint or otherwise immobilize the affected extremity; keep affected extremity at the level of the heart.
5. Do not use cold packs.
6. For pain management:
 - ▶ *Morphine sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain;*
OR,
Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain.
7. ALS escort to nearest appropriate ERC identified by Base Hospital (see # 1 above).

TREATMENT GUIDELINES:

1. Past recommendations for use of tourniquet and keeping affected extremity below the level of the heart is no longer current due to increased risk of edema and subsequent circulatory compromise in the bite area.

Approved:

Reviewed: 5/2016:
Implementation Date: July 01, 2018
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SNAKE ENVENOMATION – ADULT/ADOLESCENT

BLS STANDING ORDERS:

1. Assure scene is safe and risk of second snake strikes are alleviated. If snake located, take cell phone picture of snake, if can be done safely, to show to receiving facility staff.
2. Activate 911-ALS response, if not already done
3. Minimize patient movement.
4. Splint or otherwise immobilize the affected extremity; keep affected extremity at the level of the heart.
5. Do not use cold packs.

TREATMENT GUIDELINES:

1. 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.

Approved:

A handwritten signature in blue ink, appearing to read "S. P. Nathan".

Reviewed:
Implementation Date: July 01, 2018
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