ST MARY'S HOSPITAL
LACOR

CASE PRESENTATION
SNAKE ENVENOMATION

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St.Mary's Hospital Lacor

- OR, 33/M, came in as a referral from Iwa Medical Centre for further management following a snake bite 12 hours prior to admission.
- Was reportedly bitten on his right lower limb.
- Presenting complaints: vomiting, difficulty in breathing, convulsions and reduced consciousness, and swelling of the right lower limb.
- Prereferral interventions: I.V fluids and I.M diclofenac; Patient arrived to referring medical center within an hour.
- On arrival at Lacor hospital, patient was rushed to ICU.

Primary Survey

AIRWAY	**Patient unconscious and unable to talk.** **Frothy secretions in the mouth** **Intubated**	**Admit to ICU** **Suctioned secretions**
BREATHING	Breathing under mechanical ventilation, RR-28cycles/min Normal chest shape, vesicular breath sounds with equal air entry bilaterally. Chest clear. SPO2-97% on MV	Maintain oxygen therapy via MV

CIRCULATION	**Not pale, no external bleeding.** **Cool peripheries, full volume regular pulse.** **PR-81bpm, BP-99/44mmHg**	**IV fluids NS 2L in 24hrs** **Insert catheter and monitor urine output.**
DISABILITY	Reduced conciousness GCS-6T (E2, VT, M4) Pupils 3mm bilaterally equally reactive to light. Fasciculations at lower limbs and face. Normal muscle tone and reflexes. RBS-14.2mmol/L	DO CBC, electrolytes, RFTs, LFTs Adminsister Antivenom(polyvalent) Tetanus Toxoid vaccine Care for an unconcious patient

EXPOSURE	**Head to toe examination done:** **Swelling of the right leg.** **No bite mark identified.** **P/A-Normal.**	
INVESTIGATIONS	CBC:WBC-13.6, HB-13.7, PLT-152 Crea-1.5(^), urea-42 Na-150.1(^), K-4, Cl-120.3(^)	

SAMPLE history

S	Signs and symptoms.	Vomiting, convulsions, reduced consciusness, profuse sweating
A	Allergies	None
M	Medications	Not on any medications.
P	Past medical history.	No known chronic illness. Patent received IV fluids and analgesics at referral site. Patient spent 10 hours at referral site before arrival at Lacor.
L	Last meal	Unknown.
E	Events	Was in the garden prior to the reported snake bite. The snake was not seen.

Impression: Neurotoxic snake bite

DDx: Spider bite, Scorpion envenomation, r/o CVA

Problem list.

- Neurotoxic envenomation.
- Laboured breathing.
- Reduced consciusness
- r/o Organ injury/damage

Follow up on ward

DAY	PRESENTATION	INTERVENTION
Day 1	Profuse sweating, convulsions Fasciculations(all limbs, facial muscles), BP-128/67mmHg, PR-80bpm, secretions in mouth, GCS-10T/15, pupils constricted unraective to light. Patient had received antivenom	IV Phenytoin, IV Atropine, IV hydrocortisone IV fluids NGT feeding Recommended second dose of antivenom 2 hourly turning in bed
Day 2	Marked oral secretions and generalised fasiculations. Depressed cardiac activity on ECG.	IV Calcium gluconate, IV adrenaline IV Atropine, IV Ceftriaxone, analgosedation with morphine and midazolam.

Day 3	**Reported fevers, generalised fasiculations.** **(T-40.9), BP-70/33 to 91/49, PR-109bpm, SPO2-98% MV** **GCS-9T/15(Patient sedated)** **Urine output 80mls over 4 hours after 2.5L NS** **RFT- Crea-58.2, Urea-225.9 , K-2.86** **ALT x7, AST x20** **Imp: AKI, ALI**	**Cooling with ice pack** **IV Paracetamol, IV PISA** **IV Pancuronium, IV dexamethasone** **IV KCL, IV fluids NS, Adrenalin infusion.** **Monitor UO** **Second dose of antivenom recommended**
Day 4	Patient improved, extubated Fasiculations at calf muscles. Afebrile,GCS-13/15, BP-116/70mmHg, PR-70bpm, SPO2-98% on NP	IV Potassium chloride Remove NGT and star oral feeds
Day 5	Great improvement, able to feed orally GCS-15/15, no respiratory distress Mild fasiculations on lower limbs bilaterally NB: Patient received only one dose of antivenom on Day 1	Physiotherapy Transfer out of ICU to general ward.

THANK YOU