



EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 9/12/18, Effective 1/15/19, replaces all prior versions

8E – SNAKEBITES – PIT VIPERS (RATTLESNAKES, COPPERHEADS, & MOCASSINS) (CROTALINAE ENVENOMATION) ADULT & PEDIATRIC

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD

ADVISE TO AVOID PHYSICAL EXERTION
OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
MOVE AWAY FROM SNAKE(S) IF ABLE
OPEN AIRWAY IF NOT ALERT AND INEFFECTIVE BREATHING

- TREATMENT PRIORITIES**
1. Vital signs
 2. Epinephrine for anaphylaxis
**** First two epi doses are standing order. Any additional epi dose requires OLMC consult.**
 3. OK Poison Center consult
 4. Appropriate destination per OK Poison Center consult

EMR	EMT
GENERAL SUPPORTIVE CARE – MARK EDGE OF SWELLING/TENDERNESS EVERY 15 MINS TO DETERMINE SYMPTOM PROGRESSION OBTAIN VITAL SIGNS & ADMINISTER O ₂ VIA NC, NRB, OR BVM AS APPROPRIATE IMMOBILIZE/ELEVATE AND AVOID JOINT FLEXION IN EXTREMITY BITTEN TO MINIMIZE SWELLING OF EXTREMITY DO NOT CUT THE BITE SITE OR ATTEMPT TO “EXTRACT THE VENOM” FROM BITE SITE WITH SUCTION/VACUUM DEVICES CONSULT OKLAHOMA POISON CONTROL CENTER PER PROTOCOL 8C – DESCRIBE SNAKE APPEARANCE/TYPE AS BEST ABLE APPLY CARDIAC MONITOR (if equipped)	
EMT OR HIGHER LICENSE: FOR ANAPHYLAXIS ONLY (ANAPHYLAXIS FROM SNAKEBITE IS RARE): ADULT: **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH. PEDIATRIC: **EPINEPHRINE 1mg/mL 1:1000 0.15 mg (0.15 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH. OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg MEASURE END-TIDAL CO ₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, *** Mandatory use if pt intubated) ADULT: APPLY Bi/CPAP IF INDICATED (if equipped) PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE	

EMT- I85	AEMT
ADULT: INTUBATE IF INDICATED IV ACCESS	
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA	
FOR ANAPHYLAXIS ONLY (ANAPHYLAXIS FROM SNAKEBITE IS RARE): ADULT: **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH PEDIATRIC: **EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg IM NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg	

PARAMEDIC

ANTIEMETIC (IF REQUIRED); **ADULT:** ONDANSETRON 4 mg IVP/ODT. MAY REPEAT ONCE IN 10 MINUTES
PEDIATRIC: ONDANSETRON 0.1 mg/kg IVP TO A MAXIMUM SINGLE DOSE OF 4 mg; IF AGE > 2 years, MAY GIVE ONDANSETRON 4 mg ODT

ANALGESIA (IF REQUIRED); OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (70 + 2x age in years) mmHg
ADULT: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.
OR
ADULT: MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.
OR
ADULT: HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.

PEDIATRIC: OLMCP ORDER ONLY FOR OPIATE ANALGESIA

SEVERE REACTION/ANAPHYLAXIS (ANY MILD/MODERATE SX AND/OR SYS BP <100 mmHg ADULT OR < (70 + 2x age in years) mmHg PEDIATRIC
ADULT: **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH
PEDIATRIC: **EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg IM NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH
IF REFRACTORY ANAPHYLAXIS, ADMINISTER INTRAVASCULAR EPINEPHRINE 1:10,000
ADULT: **EPINEPHRINE 0.1mg/mL 1:10,000 1 mg SLOW IV/IOP (OVER 3 MINUTES)
PEDIATRIC: **EPINEPHRINE 0.1mg/mL 1:10,000, 0.01 mg/kg SLOW IV/IOP (OVER 3 MINUTES) NOT TO EXCEED 0.5 mg
ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)