

GENERAL TREATMENT:

Keep the patient quiet and comfortably warm and avoid unnecessary movement. Small amounts of water, tea or coffee may be given if the patient has no difficulty with breathing or swallowing. Artificial respiration may become necessary if bitten by a neurotoxic snake. All patients should be taken to a hospital or doctor as quickly as possible whether they have received serum or not. Incisions are not recommended. Suction may be applied to the fang marks. A mechanical suction device is enclosed in each Snakebite Outfit. Cover the area with a sterile dressing or a clean handkerchief or tissue.

A patient bitten by an unidentified viper can be dismissed from hospital if signs of poisoning have not appeared after a few hours. Patients bitten by an elapid snake (cobra, rinkhals, mamba) or an unidentified snake should be observed for 24 hours. A patient suffering from a suspected or known boomslang bite should be kept under observation for up to five days.

SERUM (ANTIVENOM) TREATMENT:

Any injection of serum carries a risk and as far as possible should be left to a doctor, preferably in a hospital, who would be able to inject the serum by the most effective route, i.e. directly into the blood stream. It may be necessary, however, for a lay person to inject serum, in which case the procedure would be as follows:

The tip of the ampoule should be snapped off (see instruction enclosed with the ampoule) and the contents drawn into a sterile syringe. The skin should be sterilized with the swab supplied in the Snakebite Outfit or with any other suitable disinfectant, but time should not be wasted looking for one.

The needle of the syringe is inserted either under the skin or into a muscle and the contents of one ampoule slowly expelled. The needle is then withdrawn, the syringe refilled and the contents given in the same way at another site. When delay has occurred, when the patient is in a critical state and particularly when the snake is a cobra or a mamba, the serum should be injected intravenously but this route should be used only by trained medical personnel. The initial dose should be large, at least the contents of two ampoules, but the condition of the patient may demand the injection of up to four or five times as much. When given intravenously, the serum should be at room temperature, and the injection given very slowly, with the patient recumbent during the injection, and for at least one hour afterwards. Local injection around the bite is not recommended.

The dose of serum required depends on the amount of venom injected by the snake, not on the size or mass of the victim, and should not be reduced in the case of children.

SPITTING SNAKES

The rinkhals and the spitting cobras may cause a severe inflammatory reaction if their venom enters the eye. Wash liberally with water, milk or any non-irritant fluid. If the reaction is severe and fails to respond to washing, SAIMR Polyvalent Antivenom, diluted with water (1:5 to 1:10) may be used as an eye-wash.

SIDE-EFFECTS AND SPECIAL PRECAUTIONS:

The injection of even highly purified serum carries a risk of untoward reactions. The commonest is serum sickness which may occur about ten days after the injection but sometimes sooner. It is characterized by itching rashes and sometimes a rise in temperature and joint pains. Proper treatment (antihistaminics, steroids) should alleviate the symptoms.

A rare but far more serious complication is an acute serum reaction (anaphylaxis) with a sudden drop in blood pressure and collapse within a few minutes. The risk of this type of reaction in a healthy person is very slight but those with an allergic disposition, in particular a history of asthma or infantile eczema, should not receive serum unless it is absolutely necessary and then only with the greatest caution. Treatment for this condition includes the injection of adrenaline. Where possible, whenever serum is to be injected, the patient should be kept under observation for at least 30 minutes after the injection, and adrenaline and corticosteroid kept in readiness for emergency use.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF TREATMENT:

None. Treat symptomatically.

PRESENTATION:

1. 10 ml ampoules packed singly.
2. A Snakebite Outfit containing two 10 ml ampoules, pressure bandage, tourniquet, syringe and needle, suction syringe, antiseptic swab.

STORAGE DIRECTIONS:

Store at 2 °C to 8 °C. Freezing of the serum will not affect its potency, but may cause the ampoule to crack. When not under refrigeration but at a reasonably low temperature, loss of potency is slight, and serum may be used if it has remained clear. Exposure to higher temperatures will cause a marked loss in potency, accompanied by cloudiness which makes the serum unsuitable for use. When going on an excursion, pre-cool the serum before setting out, keep it cool during the excursion and return it to the cold box afterwards.

NAME AND BUSINESS ADDRESS OF APPLICANT:

SOUTH AFRICAN VACCINE PRODUCERS (PTY) LTD, 1 Modderfontein Road, Edenvale, Gauteng. PO Box 28999, Sandringham 2131, Gauteng, South Africa.

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OTHER SNAKE ANTIVENOMS ISSUED BY SOUTH AFRICAN VACCINE PRODUCERS (PTY) LTD:

Boomslang (tree snake) Antivenom

This is effective against the venom of the boomslang (*Dispholidus typus*) but not against the venom of the bird-, vine-, or twig snake (*Thelotornis*). Boomslang antiserum is supplied in 10 ml ampoules.

***Echis carinatus/ocellatus* (Saw-scaled viper) Antivenom**

For the treatment of the saw-scaled viper bite.

Echis carinatus antivenom is available in 10 ml ampoules.