



## **+** FIRST AID FOR AUSTRALIAN SNAKE BITE

### **Pressure Bandage + Immobilisation Technique**

**Principle:** Injected venom is mainly distributed via the body's lymphatic system, which is heavily influenced by patient movement.

Decreased victim movement may decrease venom distribution.

Recent medical research shows that the speed of application of an effective pressure bandage & immobilisation may influence patient outcome & survivability.

1. Ensure that patient (and other people) are no longer at risk
2. Reassure patient. Encourage to keep totally still
  - a. **It is critical that bitten part and patient does not move**
3. **First aid MUST be started immediately**
  - a. **Do not ignore a trivial bite, especially if suspected from a brown snake**
4. Contact Ambulance emergency number – 000. Stay on phone with the emergency operator
  - a. Follow professional advice regarding retrieval of patient
5. **Monitor airway, breathing and circulation. Be prepared to give CPR**
6. Do not interfere with bite in any way – do not wipe or wash skin, do not apply cold compress, tourniquet, chemicals or suction devices
7. Remove all jewellery from bitten limb
8. Keep limb still until bandage and splint applied
9. Apply elasticised bandage with even pressure
  - a. Start at extremity and work up arm or leg
  - b. Include fingers or toes to minimise movement of joints
  - c. Be careful not to apply bandage too loosely
  - d. Use same pressure as to bandage a sprained wrist or ankle
  - e. Mark location and time of bite on bandage (for venom detection in hospital)
10. Bandage over clothing or cut up seam to allow access to skin
11. Patient must remain still. Bring transport to patient if possible
12. Immobilise limb with splint or improvise as necessary
  - a. Ensure that joints (of arm or leg) are effectively immobilised
  - b. Use another bandage(s) to keep splint in place
13. No food or drink except sips of water (if dehydrated)
14. Patient must be transported quickly and passively to hospital (preferably by ambulance)
15. **Where possible, let paramedics be in total charge of extrication planning. Better to stay quiet and let them arrange transport**

*(Based upon advice from Julian White MD & Scott Weinstein MD, Clinical Toxinologists, Women's & Children's Hospital, Adelaide; Chris Cotton, Intensive Care Paramedic, South Australian Ambulance Service & information from Clinical Toxinology Short Course 2017. Check the Toxinology Resources website [www.toxinology.com](http://www.toxinology.com) for more information).*