

SNAKE ANTIVENOMS AVAILABLE IN HOSPITAL USM

**HIGH ALERT
 MEDICATION**

Snake Antivenom ¹	Snake (common name, scientific name, local name)	Initial dose	Time of next dose
Monovalent ²			
Cobra	Monocled cobra, <i>Naja kaouthia</i> , Ular senduk	Local: 5-10 vials Systemic: 10 vials	1-2 hrs
Malayan Pit Viper	Malayan pit viper, <i>Calloselasma rhodostoma</i> , Ular kapak bodoh	4 vials	6 hrs
Green Pit Viper	White-lipped Green pit viper, <i>Trimeresurus (Cryptelytrops) albolabris</i> , Ular kapak ekor merah	3 vials	6 hrs
Polyvalent ^{2, 3}			
Hemato Polyvalent	<ol style="list-style-type: none"> 1. Malayan Pit Viper, <i>Calloselasma rhodostoma</i>, Ular kapak bodoh 2. Green Pit Viper, <i>Trimeresurus albolabris</i>, Ular kapak ekor merah 3. Southeast Asian Russell's Viper, <i>Daboia siamensis</i> 	3 vials	6 hrs
Neuro Polyvalent	<ol style="list-style-type: none"> 1. Monocled cobra, <i>Naja kaouthia</i>, Ular senduk 2. King Cobra, <i>Ophiophagus hannah</i>, Ular tedung selar 3. Banded Krait, <i>Bungarus fasciatus</i>, Ular katam belang 4. Malayan Krait, <i>Bungarus candidus</i>, Ular katam tebu 	5-10vials	1-2 hrs

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Photo from: <https://www.snake-antivenin.com/>



Dosage of Antivenom²

1. In practice, the choice of an initial dose of antivenom is usually empirical (based on clinical presentation) or based on manufacturer's recommendation.
2. The same amount of antivenom will be required to neutralize a given injected amount of venom regardless of patient age differences.
3. In some severe envenomations, some children may require a greater volume of antivenom because of a lower volume of distribution.

Dilution & Administration (Applied to all antivenoms)²

1. All antivenom is administered intravenously.
2. Recommended method of administration:
 - i. Reconstitute freeze-dried antivenom with the solution supplied or 10ml water for injection (WFI). Gently swirl, (never shake) to dissolve the freeze-dried antivenom.
 - ii. Reconstituted solution is further diluted with 5-10ml/kg of NS/D5% for children or 250-500ml NS/D5% for adult.
 - iii. Antivenom mixture should be infused starting slow (1 to 2 ml/min) over 10-15 min then increased to a higher rate if no reaction to complete within a period of one hour or earlier.
3. Patient must be monitored during and for at least one hour AFTER completion of intravenous infusion. Serially chart vital signs and clinical progression.

Anaphylaxis post-antivenom ²

1. Adrenaline should be given at the first sign of anaphylactic reaction. (1 in 1 000, 1mg/ml)
2. IM : Adult: 0.5 mg Children: 0.01mg/kg body weight
3. The dose can be repeated every 5-10 minutes or start IV infusion at 1 microgm/kg/min if the condition deteriorates.
4. If the patient is having coagulopathy IM injection should be avoided, proceed directly to IV infusion.

REFERENCES

1. Hospital USM Formulary
2. Guideline Management of Snakebite. Ministry of Health. Malaysia.
3. Ismail, A.K. (2015). Snakebite and Envenomation Management in Malaysia. 10.1007/978-94-007-6288-6_54-1.

Prepared by : Nazirah Rajat
Nur Aida Murni Mamamad
Syahira Afiqah Mohamad Pauzi

Edited by : Khairul Bariah Johan @Rahmat