



GUIDELINES FOR ADMINISTRATION OF ANTIVENOM IN ZAMBIA



THESE ARE THE PRESCRIBED INITIAL DOSAGES PER SNAKE GROUP:

PUFF ADDER /GABOON ADDER: **50 ML** (5 VIALS) POLYVALENT AV

BLACK MAMBA : **100 ML** (10 VIALS) POLYVALENT AV

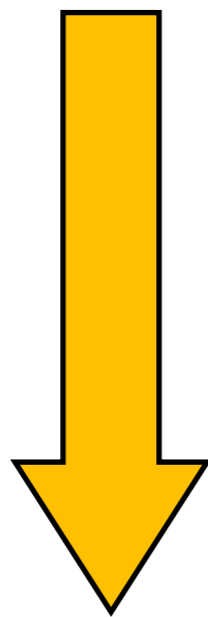
COBRA: **200 ML** (20 VIALS) POLYVALENT AV

BOOMSLANG: 20 ML MONOVALENT AV

—DOSAGE IS IRRESPECTIVE OF SIZE OR AGE OF THE VICTIM!—

ANTIVENOM ADMINISTRATION

- 1) Prepare 1 syringe with 0.25 ml adrenaline + 2 syringes with 0.5 ml adrenaline each (1:1000).
- 2) Dissolve lyophilised AV in recommended amount (see above!) of sterile water for injection
- 3) Infuse AV in 200 ml normal saline
- 4) Premedicate with 0.25 ml adrenaline
- 5) Administer AV via dripline (200 ml – 400 ml per hour)
- 6) Monitor for adverse reaction (stridor!)



ADVERSE REACTION

- 1) Adverse reaction (1): stop AV, inject 0,5 ml adrenaline
- 2) When stabilized (30-60 min): continue AV administration at slower rate
- 3) Adverse reaction (2): stop AV, inject 0,5 ml adrenaline
- 4) Consider stopping AV and treating symptomatically

ANTIVENOM ADMINISTRATION—REPEAT DOSAGE

- 1) MONITOR PATIENT
- 2) Active bleeding 30 minutes AFTER AV administration: repeat dosage
- 3) Coagulopathy still present (20 MWBCT) 6 AFTER AV administration: repeat dosage
- 4) Neurotoxic signs do not reduce after 2 hours: repeat dosage

CYTOTOXIC ENVENOMATION

Antivenom is only administered if:

1. There is rapid progressive swelling + within 6 hours after the bite. After 6 hours, the damage is done and AV does NOT reverse damage to tissue.
2. There is systemic envenomation
3. If systemic envenomation expected

NEUROTOXIC ENVENOMATION

Antivenom may be accompanied with:

1. Atropine in Black Mamba Bite (Neostigmine contra-indicated!)
2. Atropine and Neostigmine in Neurotoxic cobra bites

If antivenom is not available, Neostigmine can be used in Cobra bites

