

Carry this Flipper Card in your Snakebite First Aid Kit.

SNAKEBITE

FLIPPER CARD



LAYMAN



- V** - Vision of
- E** - Empowering the
- N** - Network
- O** - Of
- M** - Medical Professionals
- S** - Saving lives and limbs



Gift of the Givers
FOUNDATION



Trauma Society of South Africa



Emergency Medicine
Society of South Africa

This Flipper Chart gives you all the information needed to treat a snakebite as a Layman.

SASS® 2022

SAFETY FIRST

- Move the snakebite victim to safety to prevent a second bite. Although a photograph would be beneficial, it is not necessary to capture/kill/photograph the snake in order to get the correct antivenom
- Stay calm and keep the victim calm. Fear could speed up the spread of venom
- Call the Emergency Services for assistance and transportation to hospital
- It is imperative to circle the site of the bite with a pen if visual. Write the time of the bite on the skin. Document the progression of swelling from the first circle to the rest of the limb or affected area.

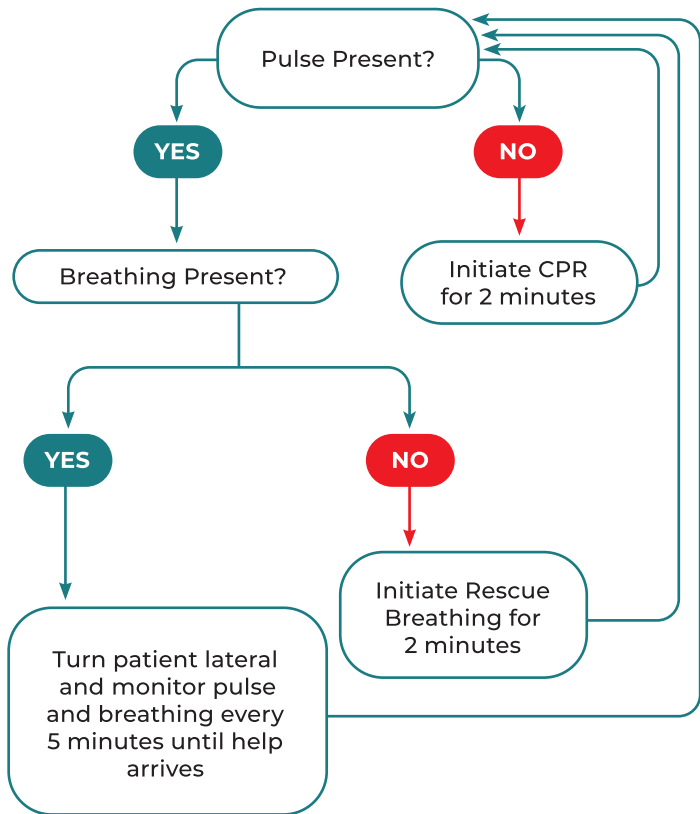
DO NOT...

- ... suck on the snakebite
- ... cut into the snakebite
- ... amputate body parts
- ... apply a tourniquet unless it is a confirmed Black Mamba or Cape Cobra bite and you are more than 90 minutes away from a hospital

EMERGENCY CONTACT NUMBERS

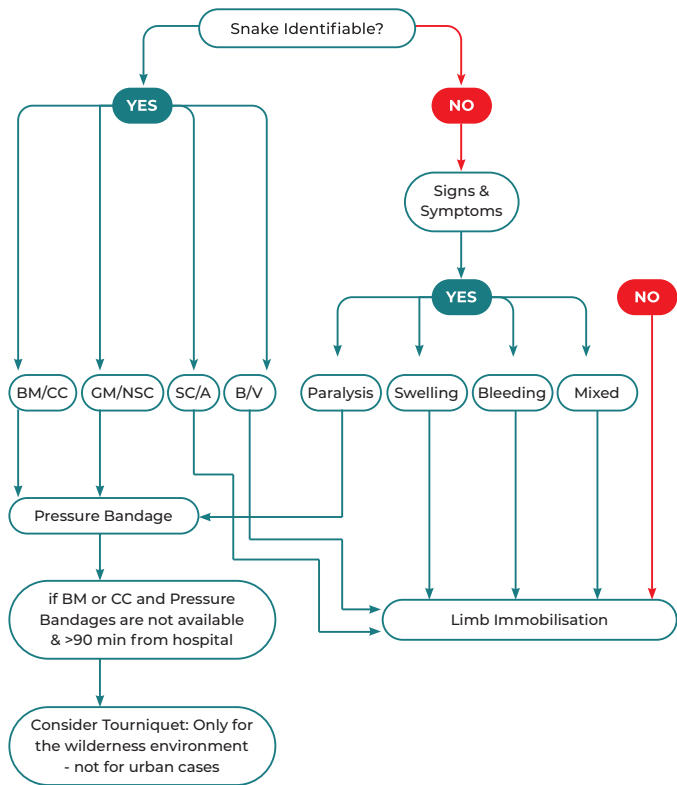
Provincial Ambulance	10177/112
Netcare911	082 911
ER24	084 124
South African Police Service	10111
Tygerberg Poison Control Centre	0861 555 777

UNCONSCIOUS VICTIM



If the patient gains consciousness turn the page

CONSCIOUS VICTIM



- * BM – Black Mamba
- * CC – Cape Cobra
- * NSC – Non-Spitting Cobras
- * GM – Green Mamba

- * SC – Spitting Cobra
- * A – Adders
- * B – Boomslang
- * V – Vine Snake



PRESSURE BANDAGE



- Use an Elastic Bandage and apply it from the fingers or the toes towards the body. A Crepe Bandage is not sufficient for this purpose.
- Apply the bandage tight enough with enough room to place one finger underneath the damage. If more than finger or no finger fits reapply the bandage.
- A costly SMART bandage is available for snakebites which is more user-friendly but not commonly available.
- Once the Pressure Bandage has been correctly applied the affected limb should be immobilised to prevent excessive movement.

LIMB IMMOBILISATION



- The aim of the Limb Immobilisation is to prevent excessive movement to slow down the spread of venom.
- Limb Immobilisation can be achieved through splinting, slings, or bandaging the affected arm to the chest, or the affected leg to the other leg (where practical).
- Once the limb has been immobilised elevate it to a level above the heart.

Regularly check for good circulation by assessing the capillary refill of the affected limb

TOURNIQUETS



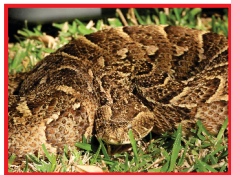
- Tourniquets **are not recommended** and **should not be considered first option for snakebites**.
- There is a **very small scope** for the use of tourniquets regarding snakebite management.
- A tourniquet is **only** applied if it is a **confirmed Black Mamba or Cape Cobra bite** and you are more than **90 minutes** away from a hospital.
- When used properly a tourniquet can save a life but they do come with complications that can lead to severe tissue damage, amputations and organ failure in severe cases.
- The best tourniquet is one designed for this purpose. Alternative options include a Blood Pressure cuff, a belt, bandage or piece of cloth twisted up until the pulse below the tourniquet is not palpable.
- Do not use thin materials like wire or shoelaces for this purpose.
- Make a note of the time the tourniquet was applied and inform the medical personnel looking after the victim.
- **Remember!** Once the tourniquet has been applied **DO NOT REMOVE IT!**
- If unsure **do not** use a tourniquet.

POLYVALENT ANTIVENOM SPECIES



RINKHALS (HEMACHATUS HAEMACHATUS)

- **Distribution:** Parts of the Cape Provinces, KZN, Mpumalanga, Limpopo and Gauteng
- **Colour:** Black, brown or olive with white throat bands or black and yellow/orange body bands with yellow throat bands
- **Length:** 1.0-1.5m
- **Venom:** **Cytotoxic & Neurotoxic**
- **Venom Effects:** Progressive Weakness and Paralysis along with Painful Progressive Swelling



PUFF ADDER (BITIS ARIETANS)

- **Distribution:** Throughout SA
- **Colour:** Colour varies but has V-shaped markings down the back pointing towards the tail
- **Length:** 0.9-1.2m but up to 1.4m
- **Venom:** **Cytotoxic**
- **Venom Effects:** Mixed Painful Progressive Swelling & Bleeding



GABOON ADDER (BITIS GABONICA)

- **Distribution:** Coastal Northern KZN
- **Colour:** Various shades of pastel colours with blocks along the back and triangles down the sides
- **Length:** 1.2m can get bigger
- **Venom:** **Cytotoxic**
- **Venom Effects:** Mixed Painful Progressive Swelling & Bleeding



BLACK MAMBA (DENDROASPIS POLYLEPSIS)

- **Distribution:** Parts of KZN, Limpopo and Mpumalanga
- **Colour:** Dark Olive, greyish brown or gunmetal grey
- **Length:** 2.8-3.2m but up to 4.5m
- **Venom:** **Neurotoxic**
- **Venom Effects:** Progressive Weakness and Paralysis with or without minor swelling



GREEN MAMBA (DENDROASPIS ANGUSTICEPS)

- **Distribution:** KZN along the coastal forests
- **Colour:** Uniform green with irregular yellow scales
- **Length:** 1.8-2.5m
- **Venom:** **Neurotoxic**
- **Venom Effects:** Progressive Weakness and Paralysis with or without minor swelling



MOZAMBIQUE SPITTING COBRA (NAJA MOSSAMBICA)

- **Distribution:** KZN, Limpopo
- **Colour:** Brown with an orange/salmon belly and black bands on the neck
- **Length:** 1.2-1.6m
- **Venom:** **Cytotoxic**
- **Venom Effects:** Painful Progressive Swelling



CAPE COBRA (NAJA NIVEA)

- **Distribution:** Western, Northern and parts of the Eastern Cape as well as parts of the Free State
- **Colour:** Varied between yellow, brown, black, cream and a speckled phase
- **Length:** 1.4-1.6m
- **Venom:** **Neurotoxic**
- **Venom Effects:** Progressive Weakness and Paralysis



SNOUTED COBRA (NAJA ANNULIFERA)

- **Distribution:** KZN, Limpopo and Mpumalanga
- **Colour:** Yellowish brown with a yellow belly, or black and cream bands
- **Length:** 1.8-2.5m
- **Venom:** **Neurotoxic & Cytotoxic**
- **Venom Effects:** Progressive Weakness and Paralysis along with Painful Progressive Swelling



FOREST COBRA (NAJA SUBFULVA)

- **Distribution:** Coastal Northern KZN
- **Colour:** Black back half with a yellowish-brown front half
- **Length:** 2-2.7m
- **Venom:** **Neurotoxic & Cytotoxic**
- **Venom Effects:** Progressive Weakness and Paralysis along with Painful Progressive Swelling

MONOVALENT ANTIVENOM SPECIES —



BOOMSLANG (DISPHOLIDUS TYPUS)

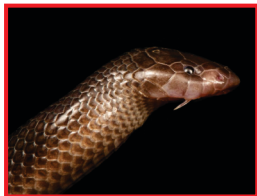
- **Distribution:** Found throughout South Africa apart from the driest parts and Lesotho
- **Colour:** Grey, Brown, Green, Red, Blue, Green with Black "bands", black backs with yellow bellies
- **Length:** 1.5-2.0m
- **Venom:** **Haemotoxic**
- **Venom Effects:** Bleeding

OTHER SPECIES



VINE SNAKE (THELOTORNIS CAPENSIS)

- **Distribution:** Parts of KZN, Limpopo and Mpumalanga
- **Colour:** Cryptically coloured resembling a stick
- **Length:** 1.2-1.5m
- **Venom:** **Haemotoxic**
- **Venom Effects:** Bleeding



STILETTO SNAKE

- **Distribution:** KZN, Gauteng, Free State, North West, Limpopo, Mpumalanga and Northern Cape.
- **Colour:** Body brown to blackish, Belly may be white
- **Length:** 40-60cm, max 98cm.
- **Venom:** **Cytotoxic**
- **Venom effects:** Moderate swelling with potential of causing local tissue necrosis.



NIGHT ADDER

- **Distribution:** SA's east coast down to Swellendam, including Gauteng, Limpopo, Mpumalanga and small part of Free State.
- **Colour:** Dark brown Rhombic markings on the back. Body colour varies from light grey to brown. Characteristic "V" shape marking on the head.
- **Length:** 40-60cm. Max 1m
- **Venom:** **Cytotoxic**
- **Venom effects:** Moderate local swelling and pain.

Photo Credit: Neville's Snake and Reptile Rescue, Eastern Cape.

Even though localized symptoms could seem extreme, there is no antivenom for the treatment of stiletto and night adder bites.

DISCLAIMER

The authors and editor have exerted every effort to ensure that the clinical procedures and recommendations described herein are based on current knowledge and state of the art information obtained from acknowledged authorities, texts and journals. However, they cannot be considered absolute and universal recommendations. Each patient situation must be considered individually. The reader is urged to check the package inserts of drugs and equipment and the manufacturers recommendations for indications, contraindications, proper usage, warnings and precautions before use. The authors and editor disclaim responsibility for any adverse effects resulting directly or indirectly from information presented in this booklet, undetected errors or misunderstandings by the readers.