

ARTICLE ON SNAKE BITE WITH NUERO PSYCHIATRIC INFLUENCE AND FIRST AID

Nursing

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ABSTRACT

Snake bite is a common medical emergency and one of the important causes of mortality and morbidity in hill tracts of Bangladesh. Neurological and psychiatric features predominate as both early and late features of snake bite patients and need to be identified correctly for proper management. Objective: The aim of this study was to find out the pattern of early and late neuropsychiatric manifestations of snake bite in hill tracts with clinical outcomes: As neurological and psychiatric manifestations are common in both early and late stages in snake bite in hill tracts, these are to be considered in the total Management to decrease mortality and morbidity.

It is clear that in many parts of the South East Asian region, snake-bite i.

is an important medical emergency and cause of hospital admission. It results in the death or chronic disability of many active younger people, especially those involved in farming and plantation work. However, the true scale of mortality and acute and chronic morbidity from snake-bite remains uncertain because of inadequate reporting in almost every part of the region. To remedy this deficiency, it is strongly recommended that snake-bite should be made a specific notifiable disease in all countries in the South East Asian region.

KEYWORDS

INTRODUCTION

6500 Snake bite are annually, among 800 death, Fatality 5 in population 1laks population. Dramatically hospital admission increases and the people are ready to accept western treatment practise for snake bite. Herby some issues can solve out, means fatality reduced as much as.

96 species of snake bite in Sri Lankan, only 5 of the land snake are potentially deadly.

Snake Around

HIGHLY VENOUMOUS SNAKE	MODERATLY VENOUMOUS SNAKE
1. Cobra (Naja naja) 2. Common Krait 3. Sri Lankan Krait 4. Russell's viper 5. Saw scaled Viper	1. HUMP NOSED VIPER (Haylee hypnaye) 2. Green pit Viper



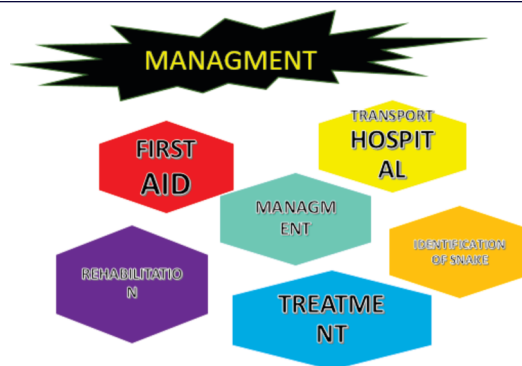
SANKE BITE WHAT HAPPENS

GENERAL SYMPTOMS



Neurological symptoms

- Ptosis
- External opthalmoglia
- Drowsiness



1. FIRST AID: Once snake bite happens we need to handle smoothly, as soon as patient brought into hospital, once after the first aid. As a first aid includes Reassure, Remove all the bracelets from the bitten body parts, wash the bitten area with soap and water, and Keep the stricken limb below the heart, Immobilize the bitten part with splints and slangs, Get medical help as quick as possible.
2. Transport to the Hospital: Quickly but safely, and comfortably need to transfer the patient from rescue site. Minimal movement makes avoid systemic absorption.

In ETU: Rapid clinical assessment & resuscitation (ABC), Bit the site was cleaned with soap

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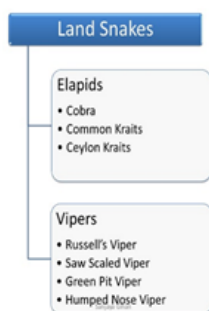
In ETU: Rapid clinical assessment & resuscitation (ABC), Bit the site was cleaned with soap and water, IV cannula was inserted, Blood was taken for 24WBCT (Whole Blood Clotting Test, Oral paracetamol 500mg, IV ranitidine 25mg, Detailed clinical Assessment and Patient sent to the ward In ward: Catheter was inserted and Haematuria was noticed

3. Detailed Clinical assessment include:

3 PRIMINARY QS

1. In which part of the body
2. In which part of the body
3. Brought the snake, describe the snake

How to identify venomous snakes



Vipers have long fangs that are hinged and fold back into the mouth. The venom of elapids is quite different from that of vipers. Elapids have neurotoxic venom (nerve poison), which acts mainly on the central nervous system. ... The venomous elapid snakes include 60 genera and more than 300 species.

If snake is identified as non venomous, patient can be discharge, after booster dose of Tetanus toxoid.

Cobra

- "Spectacle" like marking in Dorsum of the Hood.
- When excited this fold expands into a hood.

**Saw Scaled Viper**

- Sandy brown in colour
- birds foot mark over the head
- When disturbed, it rubs the coils against each other producing a hissing noise (characteristic)

**Common/Indian Krait**

- Oily, shiny, Bluish black appearance
- Paired white bands on the dorsal surface

**Sri Lankan Krait**

- Blackish brown snake with white bands on the body

**Green Pit Viper**

- Bright green in colour with black markings



- "V" shaped white marking in the head.
- Has 3 rows of black elliptical markings running along the length.

**Hump Nosed Viper**

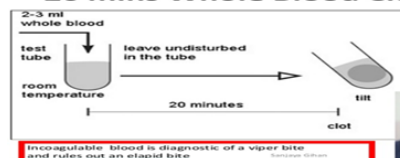
- Brown in colour with dark brown & black markings.
- Uprturned hump.

**Russell's Viper**

- Highly poisonous 40% of deaths is due to this snake in Sri Lanka
- Largest & most widely distributed viper in Sri Lanka.

**INVESTIGATION**

Investigation includes: 20WBC T, FBC, BU, SGOT / SGPT, Blood grouping, IP-OPhar

20 mins Whole Blood Clotting Test**When can take ANTIVENOM?**

When can Antivenom: Sign of systemic envenomation (ARF, Dark colour urine, Generalized Rhabdomyolysis), Haemostatic abnormalities (20 WBCT), Neurotoxic sign, Spontaneous Bleeding.

Snake Venom Antiserum

- Only specific antidote to snake venom
- most important decision in the management
- IV Immunoglobulin (IgG)
- "polyvalent anti-snake venom serum"
- Covers Cobra, Krait, Russell's viper, Saw-scaled viper.
- Not against Hump nosed viper.

During Antivenom Administration Keep In Mind



- 1st Step**
- Three IV Line
 - Keep ready Adrenaline (1:1000)



- 2nd Step**
- 10 ampules of AVS
 - Each dissolve in 10ml of sterile water



- 3rd Step**
- 100ml of AVS into 200ml of NS
 - Slow IV infusion for 1hrs

- Watch for any ADR like (Fever, Chills, Urticaria, Bronchospasm)
- If ADR occur

DO

- Stop IV infusion
- Give Adrenalin .5mg(IM)
- IV Chlorphenaramine 5mg
- IV Cortisol (200mg)
- Followed by reaction subside ,can restart the AVS
- In case of shock (Adrenaline-Sublingual)

Supportive therapy like- Assisted ventilation, Renal Dialysis, Wound debridement, Fasciotomy)

First aid treatment for snake bite:

Keep the person calm and at rest, remaining as still as possible to keep venom from spreading. Cover the wound with loose, sterile bandage. Remove any jewellery from the area that was bitten. Remove shoes if the leg or foot was bitten. Even a bite from a harmless snake can be serious, leading to an allergic reaction or an infection. Venomous snake bites can produce an array of symptoms, including localized pain and swelling, convulsions, nausea, and even paralysis. So all the person should know regards treatment and first aid measures as a Health team.

As there are no proper guidelines about management of snake bite in hill tracts, haphazard and ineffective treatment is being given to the tribal victims, thus adding to mortality and morbidity among hill tract people. This aspect is important because management of snake bite starts from proper identification of type of snake, effective first aid given at the site of bite, proper reassurance of the victim and speedy transport to the hospital for timely administration of proper dosage of anti-venom serum along with other supportive measures. This can invariably reduce the mortality and morbidity of these cases to a great extent. Due to lack of transport facility and trained health care workers to identify early and late neurological and psychiatric presentations in hill tracts, it is common to delay for hospital admission. A large number of deaths in hilly areas can be prevented with prompt treatment, timely administration of anti-venom and other supportive measures. In our country few studies are available regarding snake bites. So the present study was carried out in hill tracts to determine the neurological and psychiatric manifestations with outcome in both poisonous and non-poisonous snake bites. This will help to manage the snake bite cases as early as possible to decrease the mortality and morbidity.

Among Snake bite, 68 (56.2%) cases showed sign symptoms of envenomation due to poisonous snake bite and 53 cases were non-poisonous(Ahmed Tanjimul Islam¹, Shamrin Sultana², Md. Kafil Uddin³, Matiur Rahman⁴-studies-Journal of Enam Medical College Vol 8 No 1 January 2018)snake bites. Timing of hospital admission is very important both for management and prognosis purpose.

We can also assessed body parts involved in snake bite. As spread of venoms depends on body part involved, blood supply and movement of the bite area, it is important to assess the common site involved. Our study found lower limb as the commonest site for snake bite (75.2 %). Lowest incidence occurred in head neck region (2%) (Table II). Table II: Sites of snake bites

SITE	% CAN AFFECT
Lower limb	75.2
Upper limb	17.4
Trunk and Head	5.8
Neck	1.6

This study revealed immediate and late neurological and psychiatric features of snake bite. Each patient was allowed for multiple answers. Immediate features were assessed after hospital admission. Late features were assessed after one month of snake bite. Both Admission

CONCLUSION

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