

APPENDIX B: CROFAB TREATMENT ALGORITHM****Cottonmouth, Rattlesnake, Copperhead:**

1. If conditions allow, splint and elevate affected extremity, minimize patient activity.
2. Transfer to facility where antivenin for local venomous snake population present
3. Initially ATLS protocols are accomplished to include treatment of secondary hypovolemia as needed
4. Evaluate for signs of envenomation (Physical Exam, CBC, PT/PTT/INR, CMP, CK, Fibrinogen) and mark boundaries of physically apparent manifestations with ink
5. If clinical evidence present admit to ICU. If no initial clinical evidence, admit to ward for 24 hours of observation
6. If clinical evidence, administer 6 vials of CroFab and provide supportive care including pain medications and transfuse for life threatening bleeding
7. Monitor for signs of progression over the next hour including repeat CBC PT/INR, Fibrinogen, and PT/PTT/INR.
8. If progression, repeat steps #6 and #7 until control
9. Once arrest of progression, start maintenance infusion of 2 vials every 6 hours for a total of 6 vials
10. Continue to reassess prior to discharge, and if evidence of recurrence of signs and symptoms, go back to step #4
11. Outpatient follow-up at 3 days and 7 days with repeat Fibrinogen, PT/INR, and CBC, to monitor for serum sickness, return of symptoms or delayed symptoms

**Kanaan NC, Ray J, Stewart M, et al. Wilderness Medical Society Practice Guidelines for the Treatment of Pitviper Envenomations in the United States and Canada. *Wilderness Environ Med*. 2015;26(4):472-487. doi:10.1016/j.wem.2015.05.007.