

Background

- Rattlesnake bite is the second most common venomous snake bite reported to US poison centers, with over 1,300 reported in 2012.

Objective

- Research Question: This study sought to examine the association of selected variables with the administration of antivenin (AV) in rattlesnake bites.

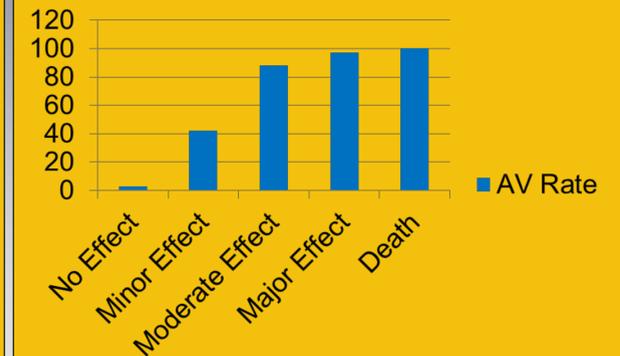
Methods

- Cases were all rattlesnake bites reported to a state-wide poison center system during 2000–2013.
- Cases were divided into those with AV (treatment was reported to have been administered or recommended) and those without AV.
- The AV rate was determined for selected variables.
- When medical outcome was examined, the rate was determined for all outcome classifications and for not serious (no effect, minor effect, not followed-judged nontoxic, not followed-minimal effects) and serious (moderate effect, major effect, death, unable to follow-potentially toxic) groups.

Results

- Of 1,633 total rattlesnake bites, the AV rate was 71 % and the serious outcome rate was 76 %.
- The AV rate by medical outcome was no effect, 3 %; minor effect, 42 %; moderate effect, 88 %; major effect, 97 %; death, 100 %; not serious, 37 %; and serious, 82 %.
- For patients already at/en route to a healthcare facility, the AV rate was 78 % and serious outcome rate was 77 %; for patients referred to a healthcare facility by the poison center, the AV rate was 22 % and the serious outcome rate was 77 %.
- The AV rate by patient age was highest for the 0–5 years age group, 89 %.
- The AV rate for the most common clinical effects was puncture/wound, 75 %; dermal edema, 85 %; dermal pain, 83 %; ecchymosis, 91 %; erythema, 84 %; other coagulopathy, 97 %; and prolonged prothrombin time, 95 %.

AV Rate



Conclusions

- AV was reported in 71 % of the rattlesnake bites.
- Although patients referred to a healthcare facility by a poison center and those already at/en route to a healthcare facility had similar serious outcome rates, the former had a much lower AV rate. This may suggest that healthcare facilities are more likely to administer antivenin when poison centers might not consider such treatment necessary.

