Snake information:

Type of Snake: □ Native    □ Non-Native (Genus and species ____________________________)

If Native: □ Copperheads    □ Cottonmouths    □ Rattlesnakes    □ Coral    □ Unknown

If Rattlesnake:

Common Name and Species of Rattlesnake:

- □ Unknown Species
- □ Black-tailed rattlesnake (Crotalus molossus)
- □ Eastern Diamondback rattlesnake (Crotalus adamanteus)
- □ Great Basin rattlesnake (Crotalus lutosus)
- □ Midget Faded rattlesnake (Crotalus oreganus concolor)
- □ Northern Pacific rattlesnake (Crotalus oreganus oreganus)
- □ Prairie rattlesnake (Crotalus viridis)
- □ Red diamond rattlesnake (Crotalus ruber)
- □ Ridgenose rattlesnake (Crotalus willardi)
- □ Sidewinder (Crotalus cerastes)
- □ Southern Pacific rattlesnake (Crotalus oreganus helleri)
- □ Speckled rattlesnake (Crotalus mitchellii)
- □ Tiger rattlesnake (Crotalus tigris)
- □ Timber rattlesnake (Crotalus horridus)
- □ Twin-spotted rattlesnake (Crotalus pricei)
- □ Western Diamondback rattlesnake (Crotalus atrox)
- □ Western rattlesnake (Crotalus oreganus)  If Coral-

Common Name and Species of Coral Snake:

- □ Unknown Species
- □ Arizona coral snake (Miceruroides euryzanthus)
- □ Eastern coral snake (Micrurus fulvius)
- □ Texas coral snake (Micrurus tener)

Snake Domain: □ Wild    □ Captive

Patient Information

Past Medical History

- □ None    □ Asthma    □ Coronary Artery Disease    □ Diabetes Mellitus    □ Eczema    □ Hypertension    □ Peripheral Vascular Disease

Allergies: □ Yes    □ No

If Yes, please specify: __________________________________________________________

PMH- Other, please specify: _____________________________________________________

Habits (in the past thirty days):

- □ Tobacco    □ Yes    □ No
- □ Alcohol    □ Yes    □ No
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-Heavy (Avg. > 2 drinks/day man, >1 drink/ day woman): [ ] Yes [ ] No

-Check yes if history or evidence of ethanol use 4 hours prior to the bite: [ ] Yes

[ ] Recreational Drugs: [ ] None [ ] Illicit Opioids [ ] Prescription Opioids [ ] Amphetamines [ ] Cocaine [ ] THC

Other illicit drug use, please specify: ____________________________________________

Medications:

[ ] Cardiac [ ] Diabetic [ ] Antiplatelet (e.g. aspirin, clopidogrel) [ ] Anticoagulants (e.g. warfarin, oral DTI or factor X agents) [ ] Steroids
[ ] Other [ ] If Other, please specify: ____________________________________________

Check Yes if patient had a previous snakebite: [ ] Yes Number of Previous Snakebites: _____ Number of Previous Snakebites-Antivenom: _____

Bite Location:

Location: [ ] Upper Extremity: [ ] Finger [ ] Hand [ ] Forearm [ ] Upper arm

[ ] Lower Extremity: [ ] Toe [ ] Foot [ ] Ankle [ ] Lower Leg [ ] Thigh

[ ] Face or Neck [ ] Groin or Torso

If LE bite, was patient wearing shoes? [ ] Yes [ ] No [ ] Don’t know

Specify type of footwear____________________

Was snake interaction intentional? (patient saw the snake and could have avoided it if he/she decided to do so): [ ] Yes [ ] No

Was exposure Occupational? [ ] Yes [ ] No [ ] Don’t know

Specify occupation: ________________
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Clinical Signs: (INITIAL TREATMENT PHASE / HOSPITALIZATION)

Select clinical signs that occurred at any point due to the envenomation:

- Swelling: □ Localized to bite site  □ Extending beyond one major joint (wrist/ankle/elbow/knee)  □ Extending beyond two major joints
- Echymosis: □ Contiguous with the bite site  □ Not contiguous to the bite site (separate area)
- Erythema: □ Contiguous with the bite site  □ Not contiguous to the bite site (separate area)
- Ecchymosis: □ Contiguous with the bite site  □ Not contiguous to the bite site (separate area)
- Lymphangitic streaks
- Emesis: □ <1 hour after time of bite and before receiving opioids  □ 1-2 hour after bite and before opioids □ <2hr after bite and after opioids □ >2hr after bite and after opioids
- Diarrhea: □ <1 hr after bite  □ 1-2 hr after bite  □ >2 hr after bite
- Hypotension: □ Resolved with intravenous fluid resuscitation  □ Resolved with vasopressors □ unresolved (patient died)
- Tachycardia □ Yes □ No
- Angioedema: □ Prior to antivenom □ After antivenom
- Bleeding: □ Yes □ No if yes:
  - Nuisance- epistaxis/gingival/oozing from skin punctures □ Major- GI/retroperitoneal/intracranial
  AND
  - □ bleeding at presentation □ onset after presentation but prior to initial control □ onset after control but prior to hospital discharge
- Necrosis: □ Yes □ No
  If yes □ Hemorrhagic bullae □ Necrotic tissue underlying bullae □ Myonecrosis
- Concern for compartment syndrome: □ Yes (enter ICP _____) □ No
- Neurotoxicity: □ Perioral paresthesias □ Extremity paresthesias □ Fasciculations or myokymia □ Objective weakness
  □ Respiratory failure due to progressive respiratory weakness and paralysis □ Respiratory failure due to severe fasciculations
- Other- Enter additional clinical signs information: __________________

Diagnostics:

Platelet Count: □ Done □ Not Done

If Done: Prior to antivenom:_______(K/mm3) Nadir during initial treatment:_______(K/mm3) At discharge from hospital:_______(K/mm3)

Fibrinogen: □ Done □ Not Done

If Done: Prior to antivenom:_______(mg/dL) Nadir during initial treatment:_______(mg/dL) At discharge from hospital:_______(mg/dL)

Prothrombin Time: □ Done □ Not Done

If Done: Prior to antivenom:_______(seconds) Peak during initial treatment:_______(seconds) At discharge from hospital:_______(seconds)

Creatine phosphokinase (CPK): □ Done □ Not Done

If Done: Peak:_______(IU/L)

FDP or D Dimer or fibrin monomer measured: □ Yes □ No

If yes, indicate number of hours post-bite __________

More than one FDP/D Dimer/fibrin monomer measured? □ Yes □ No
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If yes, ☐ at least one elevated  ☐ all normal

Were one or more FDP/D Dimer/fibrin monomers elevated: ☐ Yes  ☐ No

Was ultrasound performed? ☐ Yes  ☐ No

If Yes,

Compared to non-bitten extremity, is there US evidence that deep muscle groups are affected? ☐ Yes  ☐ No

Is edema seen on US which is not evident externally? ☐ Yes  ☐ No

Is necrosis seen on US which is not evident externally? ☐ Yes  ☐ No

Is blistering seen on US which is not evident externally? ☐ Yes  ☐ No

Are the tendons or nerves surrounded by fluid? ☐ Yes  ☐ No

Was doppler evaluation done? ☐ Yes  ☐ No

If Yes, please specify Doppler evaluation results

Other noted lab information:

Treatment:

Time from bite to presentation to healthcare facility in hours ________

How was progression of envenomation judged? (Can select multiple items)

☐ Ask patient/family how pain/swelling are doing  ☐ Clinical judgment without objective measurement  ☐ Monitoring of leading edge of swelling

☐ Sequential measurements of extremity circumference  ☐ Snakebite Severity Score calculations  ☐ Laboratory studies

Field therapy performed: ☐ Yes  ☐ No  ☐ Other

If Yes- Treatment Performed (can select multiple items):

☐ Antibiotics  ☐ Immobilization  ☐ Pressure immobilization bandage  ☐ Tourniquet  ☐ Incision  ☐ Suction/Sawyer Device  ☐ Ice

Initial ED therapy prior to medical toxicology involvement: ☐ Yes  ☐ No  ☐ Other

If yes- Treatment Performed (can select multiple items):

☐ Antibiotics  ☐ Immobilization  ☐ Pressure immobilization bandage  ☐ Tourniquet  ☐ Incision  ☐ Suction/Sawyer Device  ☐ Ice

Other treatment- Please specify:____________

Intravenous fluid resuscitation: ☐ Yes  ☐ No

Vasopressors: ☐ Yes  ☐ No  If Yes- Vasopressor Treatment: ☐ Treatment of hypotension  ☐ Treatment of allergic reaction

Elevation of extremity: ☐ Yes  ☐ No

Antivenom: ☐ Yes  ☐ No  If Yes- Time from bite to antivenom in hours: ________

If Yes- Antivenom Treatment (can select multiple items) : ☐ Crofab  ☐ Fab2 antivenom/Anavip  ☐ Other ________

Prophylactic treatment for adverse reaction? ☐ Yes  ☐ No

If Yes- Prophylactic Treatment (can select multiple items) : ☐ Epinephrine  ☐ Steroids  ☐ Antihistamine
Adverse reaction to antivenom: □ Yes □ No

If Yes- Type of adverse reaction?:

□ Rash □ Hypotension □ Angioedema □ Bronchospasm Other adverse reaction? Please explain: ____________________________

AND what treatment provided?

□ Antivenom stopped □ Corticosteroids □ antihistamines □ epinephrine □ albuterol □ No treatment

Vials of antivenom given ________ (please specify # of antivenom vials)

<table>
<thead>
<tr>
<th>Number of vials:</th>
<th>Additional number of vials for control, if any:</th>
<th>Number of vials for maintenance, if any:</th>
</tr>
</thead>
</table>

Blood products: □ Yes □ No If Yes- Blood products:

Number of Units- PRBCs: _______ Number of Units- Platelets: _______ Number of Units- FFP: _______ Number of Units- Cryoprecipitate: _______

Number of Units- rFVIIa: _______

Other blood products: ____________________________

Antihistamines: □ Yes □ No

Opioids: □ Yes □ No

Antiemetics: □ Yes □ No If yes- Antiemetics (can select multiple items): □ Prophylactic

□ Treatment of nausea prior to opioid administration □ Treatment of nausea after opioid administration

Antibiotics: □ Yes □ No If Yes- Antibiotics: □ Prophylactic ≥ 1 dose □ Empiric for erythema or suspected cellulitis

□ Treatment of confirmed infection

Procedures: □ Yes □ No If Yes- Procedures Choice: □ Debridement bullae: □ Digit □ Extremity □ Dermotomy □ Fasciotomy □ Other

Intubation-Mechanical Ventilation: □ Yes □ No

Other treatment- Please specify:

### After Initial Hospitalization Closure

Total time in hospital: □ < 24 hrs □ 25-48 hrs □ 49-72 hrs □ Other (specify number of days) _______

Total time in ICU: □ Never □ < 24 hrs □ 25-48 hrs □ 49-72 hrs □ Other (specify number of days) _______

### Outpatient Follow Up information: (After Initial Hospital Admission)

**Follow up #1:**

Method of follow up □ Direct patient evaluation □ Spoke with patient on telephone □ Other (please specify)

Days since last antivenom _______

Laboratory studies checked □ Yes □ No

If Yes: Plt count ___ Fib level ___ PT ___
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Data Collection

Specify Wound / tissue necrosis  □ not present □ improved □ stable □ extending

Late bleeding occurrence □ occurred □ did not occur □ did not assess for late bleeding

If occurred: □ nuisance □ major □ bleeding into extremity with >3g/dL Hgb drop
  Nuisance: □ epistaxis □ gingival □ oozing from punctures □ other___
  Major: □ GI □ retroperitoneal □ intracranial □ other____

Was patient treated for late bleeding? □ yes □ no
  If yes: □ antivenom (dose_________) □ blood products (specify_______) □ other____

Evidence of serum sickness? □ yes □ no
  If yes:
    Serum sickness symptoms: □ Rash □ Wheezing □ Myalgias □ Fever □ Other__________
    Serum sickness treatment: □ No treatment □ Steroids □ Antihistamines □ Other__________

Is this the final follow up? □ Yes □ No
  If yes: Final follow up days since bite____

Did the patient die? □ Yes □ No

Did patient experience hematologic recurrence? *Not assessed, □ Yes, □ No
  If yes: □ late thrombocytopenia (plt<120 K/mm3) □ late coagulopathy (PT>15 sec) □ late hypofibrinogenemia (fib<170 mg/dL)

Did patient have residual functional deficit suspected to be permanent? □ Yes □ No □ Unknown

Is data entry complete for this case? □ Yes □ No

Follow up #2:
Method of follow up □ Direct patient evaluation □ Spoke with patient on telephone □ Other (please specify)

Days since last antivenom ____

Laboratory studies checked □ Yes □ No
  If Yes: Plt count ____ Fib level ____ PT _____

Specify Wound / tissue necrosis □ not present □ improved □ stable □ extending

Late bleeding occurrence □ occurred □ did not occur □ did not assess for late bleeding

If occurred: □ nuisance □ major □ bleeding into extremity with >3g/dL Hgb drop
  Nuisance: □ epistaxis □ gingival □ oozing from punctures □ other___
  Major: □ GI □ retroperitoneal □ intracranial □ other____

Was patient treated for late bleeding? □ yes □ no
  If yes: □ antivenom (dose_________) □ blood products (specify_______) □ other____

Evidence of serum sickness? □ yes □ no
  If yes:
    Serum sickness symptoms: □ Rash □ Wheezing □ Myalgias □ Fever □ Other__________
    Serum sickness treatment: □ No treatment □ Steroids □ Antihistamines □ Other__________

Is this the final follow up? □ Yes □ No
  If yes: Final follow up days since bite____

Did the patient die? □ Yes □ No

Did patient experience hematologic recurrence? *Not assessed, □ Yes, □ No
  If yes: □ late thrombocytopenia (plt<120 K/mm3) □ late coagulopathy (PT>15 sec) □ late hypofibrinogenemia (fib<170 mg/dL)

Did patient have residual functional deficit suspected to be permanent? □ Yes □ No □ Unknown

Is data entry complete for this case? □ Yes □ No

Follow up #3:
Method of follow up □ Direct patient evaluation □ Spoke with patient on telephone □ Other (please specify)

Days since last antivenom ____

Laboratory studies checked □ Yes □ No
North American Snakebite Registry

Data Collection

If Yes: Plt count ____ Fib level ____ PT ____

Specify Wound / tissue necrosis □ not present □ improved □ stable □ extending

Late bleeding occurrence □ occurred □ did not occur □ did not assess for late bleeding

If occurred: □ nuisance □ major □ bleeding into extremity with >3g/dL Hgb drop
   Nuisance: □ epistaxis □ gingival □ oozing from punctures □ other__
   Major: □ GI □ retroperitoneal □ intracranial □ other____

Was patient treated for late bleeding? □ yes □ no
   If yes: □ antivenom (dose______) □ blood products (specify______) □ other _____

Evidence of serum sickness? □ yes □ no
   If yes:
      Serum sickness symptoms: □ Rash □ Wheezing □ Myalgias □ Fever □ Other__________
      Serum sickness treatment: □ No treatment □ Steroids □ Antihistamines □ Other__________

Is this the final follow up? □ Yes □ No
   If yes: Final follow up days since bite____

Did the patient die? □ Yes □ No

Did patient experience hematologic recurrence? *Not assessed, □ Yes, □ No
   If yes: □ late thrombocytopenia (plt<120 K/mm3) □ late coagulopathy (PT>15 sec) □ late hypofibrinogenemia (fib<170 mg/dL)

Did patient have residual functional deficit suspected to be permanent? □ Yes □ No □ Unknown

Is data entry complete for this case? □ Yes □ No

Additional important or summary information: [comment box]

Additional follow up visits comments: [comment box]

Final Outcome enter final outcome information

Did the patient die? □ Yes □ No
At final follow up was residual functional deficit present? □ Yes □ No
   If yes, □ loss of mobility in digit □ loss of mobility in hand or foot □ loss of mobility in knee or elbow
Final follow up days since bite____________________
At final follow up was there permanent tissue loss? □ Yes □ No
   If yes, □ loss of tissue requiring skin graft □ amputation of digit □ other

Any other unique or important information if any, or a brief summary of the case (optional) Enter additional case information

Any other unique or important case information (optional): [comment box]

Please specify the name(s) of the treating toxicologist(s)__________________________

Case completed? *Yes *no