ToxIC Data Collection Form Version 7 (Effective Cases 2026)
NORTH AMERICAN SNAKEBITE REGISTRY (NASBR) – *ANTIVENOM FORM*
Patient Treated w/ Antivenom During Initial Hospitalization

ToxIC Member Site: _____ **Institution:** _____

Patient Code (Unique Case Code per Site): _____

SNAKE INFORMATION*

Type of Snake: ☐ Native ☐ Non-Native (Genus Species: _____)

If Native: ☐ Copperhead ☐ Cottonmouth ☐ Rattlesnake ☐ Coral ☐ Unknown Pit Viper ☐ Unknown

If Rattlesnake (***Crotalus unless stated***): ***Indicate Common Name & Species***

- ☐ Unknown Species
- ☐ Arizona Black rattlesnake (C. cerberus)
- ☐ Black-tailed rattlesnake (C. molossus)
- ☐ Eastern Black-tailed rattlesnake (C. ornatus)
- ☐ Eastern Diamondback rattlesnake (C. adamanteus)
- ☐ Eastern Massasauga rattlesnake (Sistrurus catenaturs)
- ☐ Grand Canyon rattlesnake (C. lutosus abyssus) **(Formerly C. oreganus abyssus)**
- ☐ Great Basin rattlesnake (C. lutosus)
- ☐ Midget Faded rattlesnake (C. concolor) **(Formerly C. oreganus concolor)**
- ☐ Mojave rattlesnake (C. scutulaturs)
- ☐ Northern Pacific rattlesnake (C. oreganus) **(Formerly Western rattlesnake, C. oreganus oreganus)**
- ☐ Panamint rattlesnake (C. stephensi) **(Formerly C. mitchellii stephensi)**
- ☐ Pigmy rattlesnake (Sistrurus miliarius)
- ☐ Prairie rattlesnake (C. viridis)
- ☐ Red Diamond rattlesnake (C. ruber)
- ☐ Ridgenose rattlesnake (C. willardi)
- ☐ Rock rattlesnake (C. lepidus)
- ☐ San Lucan Speckled rattlesnake (C. mitchellii)
- ☐ Sidewinder (C. cerastes)
- ☐ Southwestern Speckled rattlesnake (C. pyrrhus) **(Formerly C. mitchellii pyrrhus)**
- ☐ Southern Pacific rattlesnake (C helleri) **(Formerly C. oreganus helleri)**
- ☐ Tiger rattlesnake (C. tigris)
- ☐ Timber rattlesnake C. horridus)
- ☐ Twin-spotted rattlesnake (C. pricei)
- ☐ Western Diamondback rattlesnake (C. atrox)
- ☐ Western Massasauga (Sistrurus tergeminus)

If Coral snake: ***Indicate Common Name & Species***

- ☐ Unknown Species
- ☐ Eastern coral snake (Micrurus fulviuss)
- ☐ Arizona coral snake (Micruroides euryzanthus)
- ☐ Texas coral snake (Micrurus tener)

Indicate the Degree of Confidence in Identification of Snake: ☐ Definite ☐ Likely

Definitions:

"Definite"	***"Likely"***
1) Either direct or by photograph, by an individual knowledgeable/expert in local snake identification; or, *2) Only snake endemic to region*	*1) Either direct or by photography, by witness of uncertain level of expertise in snake identification; or,* *2) ID by knowledgeable individual but snake poorly visualized*

Calendar Month Bite Occurred: ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Snake Domain: ☐ Wild ☐ Captive

PATIENT INFORMATION

Past Medical History (PMH) (*Check all that apply*):

☐ None ☐ Asthma ☐ Coronary Artery Disease ☐ Diabetes mellitus
☐ Eczema ☐ Hypertension ☐ Peripheral Vascular Disease
☐ Other (Specify PMH:_____)

Allergies: ☐ Yes ☐ No ☐ Unknown
If 'Yes' to allergies, specify allergies: _____

Habits (in past thirty days):

Tobacco ☐ Yes ☐ No ☐ Unknown

Alcohol ☐ Yes ☐ No ☐ Unknown
If 'Yes' Alcohol, evidence of ethanol use 4 hours prior to snake bite:
☐ Yes ☐ No ☐ Unknown

Recreational Drugs:
☐ None ☐ Illicit Opioids ☐ Prescription Opioids
☐ Amphetamines ☐ Cocaine ☐ THC/Marijuana
☐ Other (specify illicit drug use:) ☐ Unknown

Was the patient acutely intoxicated with alcohol or other substances when bitten?
☐ Yes ☐ No ☐ Unknown

If yes, choose substances the patient was acutely intoxicated with at the time of the snakebite:
☐ Alcohol ☐ Sedative-hypnotics
☐ Opioids ☐ Hallucinogens
☐ Amphetamines ☐ Cocaine ☐ THC/Marijuana
☐ Other (specify illicit drug use:_ _) ☐ Unknown

Medications (*Indicate all that apply*):
☐ None ☐ Cardiac ☐ Diabetic
☐ Antiplatelet ☐ Anticoagulant ☐ Steroids
☐ ACE inhibitor ☐ Angiotensin II Receptor
☐ Other (Specify medication:_____) ☐ Unknown

Has the patient had a previous snakebite? ☐ Yes ☐ No ☐ Unknown
If 'Yes' previous snakebite,
Number of previous snakebites:_____ or ☐ Unknown
Number of previous snakebites treated with antivenom:_____ or ☐ Unknown
History of previous snakebite treated with antivenom –
What type of antivenom used?_____ or ☐ Unknown

Bite Location (*Indicate all that apply*):

☐ Upper Extremity (UE) ☐ Lower Extremity (LE) ☐ Face/Neck ☐ Groin/Torso

If Upper Extremity: ☐ Finger ☐ Hand ☐ Forearm ☐ Upper Arm

If Lower Extremity: ☐ Toe ☐ Foot ☐ Ankle ☐ Lower leg ☐ Thigh

If LE bite, was patient wearing shoes? ☐ Yes ☐ No ☐ Unknown

If 'Yes' shoes, specify type of footwear: _____

Was snake interaction intentional? (*Definition: Patient saw the snake and could have avoided it if he/she decided to do so*):

☐ Yes ☐ No ☐ Unknown

What were the circumstances of exposure? _____

Was exposure occupational? ☐ Yes ☐ No ☐ Unknown

If 'Yes' occupational, Specify occupation: _____

CLINICAL SIGNS - Initial Treatment Phase / Hospitalization (*Check all that apply*)

Indicate whether each clinical sign occurred at any point due to envenomation:

Clinical Sign	Yes	No	Unknown
Swelling	☐	☐	☐
Ecchymosis	☐	☐	☐
Erythema	☐	☐	☐
Emesis	☐	☐	☐
Diarrhea	☐	☐	☐
Hypotension	☐	☐	☐
Tachycardia	☐	☐	☐
Angioedema	☐	☐	☐
Bleeding	☐	☐	☐
Necrosis	☐	☐	☐
Concern Compartment Syndrome	☐	☐	☐
Neurotoxicity	☐	☐	☐
Other clinical signs	☐	☐	☐

Enter additional detail for each of the clinical signs indicated above:

Swelling:
☐ Swelling < 7 cm from bite
☐ Swelling 7-50 cm from bite
☐ Swelling 51-100 cm from bite
☐ Swelling > 100 cm from bite
☐ Swelling not otherwise specified (NOS)

Ecchymosis: ☐ Contiguous with the bite site ☐ Not contiguous with bite site

Erythema: ☐ Contiguous with the bite site ☐ Not contiguous with bite site ☐ Lymphangitic streaks

Emesis:
☐ < 1 hour after time of bite and before receiving opioids
☐ 1-2 hours after bite and **before** opioids
☐ < 2 hours after bite and **after** opioids
☐ > 2 hours after bite and **before** opioids
☐ > 2 hours after bite and **after** opioids

Diarrhea: ☐ < 1 hour after time of bite ☐ 1-2 hours after bite ☐ > 2 hours after bite

Hypotension:
☐ Resolved with intravenous fluid resuscitation (≥ 20 ml/kg IV fluids given)
☐ Resolved with vasopressors
☐ Unresolved (patient died)

Angioedema: ☐ Prior to antivenom ☐ After antivenom

Bleeding: ☐ Nuisance ☐ Major ☐ Unknown

If Nuisance Bleeding - Type? ☐ Epistaxis ☐ Gingival ☐ Oozing from skin puncture
☐ Other (Specify nuisance bleeding: _____)

If Major Bleeding - Type? ☐ GI ☐ Retroperitoneal ☐ Intracranial
☐ Other (Specify major bleeding: _____)

Relative Time of Bleeding? ☐ Bleeding at presentation
☐ Onset after presentation but prior to initial control
☐ Onset after control but prior to hospital discharge

Necrosis: ☐ Hemorrhagic bullae ☐ Necrotic tissue underlying bullae ☐ Myonecrosis

Concern for Compartment Syndrome: **Enter ICP (mm Hg) :**_____ or ☐ Unknown

Neurotoxicity (*Indicate status of each sign*):

Clinical Sign	Yes	No	Unknown
Subjective paresthesias	☐	☐	☐
Fasciculations or myokymia	☐	☐	☐
Objective weakness	☐	☐	☐
Respiratory failure due to progressive weakness and paralysis	☐	☐	☐
Respiratory failure due to severe fasciculation	☐	☐	☐
Seizure	☐	☐	☐
Altered mental state	☐	☐	☐

If 'Yes' neurotoxicity, did neurotoxic effects resolve in response to antivenom?
☐ Yes ☐ No ☐ Unknown ☐ Not applicable (No antivenom treatment)

Specify Other Clinical Signs: _____

DIAGNOSTICS - Initial Treatment Phase / Hospitalization (Antivenom form)

Time from Bite-to-Presentation to Healthcare Facility (Any Initial Facility) _____Hours

Did the patient re-present to a health care facility after discharge from another facility with a diagnosis of dry bite or mild envenomation? [*If Case Direct Hospital Transfer = 'No'*]
☐ Yes ☐ No

If 'Yes' to re-presented after discharge, How long was patient initially observed prior to discharge at initial healthcare facility (best estimate in hours)? _____Hours

Was patient transferred from an outside hospital (OSH) to your hospital? ☐ Yes ☐ No

Did patient receive antivenom during any hospitalization? - ☒ **YES - Antivenom form (+AV)**

Was the first dose of antivenom given at an OSH? ☐ Yes ☐ No ☐ Unknown

Was any antivenom given pre-hospital by EMS or other trained field staff? ☐ Yes ☐ No ☐ Unknown
If patient received antivenom from EMS field staff AND/OR at an outside hospital prior to treatment or transfer to your facility, then make sure to enter such dosing event(s) under the 'Initial Treatment Phase' below.

Is the patient in a snakebite treatment clinical trial?
☐ Yes ☐ No ☐ Unknown

If yes, which clinical trial are they enrolled in?
☐ Varespladib vs Placebo (Sponsor: Ophirex, Clinical Trials# NCT04996264)
☐ Other (Specify:)

Time from Bite-to-EARLIEST Available Laboratory Data to be Reported Below _____Hours

Hemoglobin: ☐ Done, Available ☐ Done, Not Available ☐ Not done ☐ Unknown
If Available, Hemoglobin – Initial / Earliest (g/dL) _____ or ☐ Unknown

Hematocrit: ☐ Done, Available ☐ Done, Not Available ☐ Not done ☐ Unknown
If Available, Hematocrit - Initial / Earliest (%) _____ or ☐ Unknown

Platelet Count: ☐ Done, Available ☐ Done, Not Available ☐ Not done ☐ Unknown
If Available, Platelet Count - Initial / Earliest (K/mm^3) _____ or ☐ Unknown

Fibrinogen: ☐ Done, Available ☐ Done, Not Available ☐ Not done ☐ Unknown
If Available, Fibrinogen - Initial / Earliest (mg/dL) _____ or ☐ Unknown

Prothrombin: ☐ Done, Available ☐ Done, Not Available ☐ Not done ☐ Unknown
If Available, Prothrombin - Initial / Earliest (sec) _____ or ☐ Unknown

Creatine phosphokinase (CPK): ☐ Done, Available ☐ Done, Not Available ☐ Not done ☐ Unknown
If Available, CPK Peak (IU/L) _____ or ☐ Unknown

Other noted lab information: _____

If +AV, indicate if ADDITIONAL lab values available PRIOR to first administration of antivenom:

☐ Yes ☐ No* ☐ Unknown

*'No' indicates ONLY initial lab values available prior to first dose of antivenom.

If 'Yes' additional lab values available –
Indicate the lab values immediately preceding the first antivenom dose [pre-AV #1] in the *Treatment – Antivenom* section below for Dosing Event #1 [preAV1]

Treatment – Field Treatment Received Prior to Presentation at Any Hospital

Field Therapy Performed? ☐ Yes ☐ No ☐ Unknown

If 'Yes' field therapy performed, type of field treatment performed?

☐ Ice ☐ Immobilization ☐ Incision
☐ Pressure immobilization bandage ☐ Suction/Sawyer Device ☐ Tourniquet
☐ Other field treatment (Specify: _____)

Treatment – Emergency Department Treatment Received at Any Hospital

Initial ED Treatment? ☐ Yes ☐ No ☐ Unknown

If 'Yes' initial ED treatment, type of initial ED treatment performed?

☐ Antibiotics ☐ Antivenom ☐ Elevation
☐ Ice ☐ Immobilization ☐ Other initial ED therapy (Specify:_____)

Treatment – Initial Treatment Phase During Initial Hospitalization: Summary

Treatment	Yes	No	Unknown
Antibiotics	☐	☐	☐
Antiemetics	☐	☐	☐
Antihistamines	☐	☐	☐
Antivenom	☐	☐	☐
Blood Products	☐	☐	☐
Elevation of Extremity	☐	☐	☐
Intravenous Fluid Resuscitation	☐	☐	☐
Intubation-Mechanical Ventilation	☐	☐	☐
Opioids	☐	☐	☐
Vasopressor	☐	☐	☐
Other Post ED Treatment	☐	☐	☐

Antibiotic Treatment Reason:
- ☐ Prophylactic ≥1 dose
- ☐ Empiric for erythema or suspected cellulitis
- ☐ Treatment of confirmed infection

Antiemetic Treatment Reason:
- ☐ Prophylactic
- ☐ Treatment of nausea **prior to** opioid administration
- ☐ Treatment of nausea **after** opioid administration

Vasopressor Treatment Reason:
- ☐ Treatment of hypotension
- ☐ Treatment of allergic reaction

Blood Products Treatment:
- ☐ PRBCs - Number of units (Count): _____
- ☐ Platelets - Number of units (Count): _____
- ☐ FFP - Number of units (Count): _____
- ☐ Cryoprecipitate - Number of units (Count): _____
- ☐ rFVIIa - Number of units (Count): _____
- ☐ Other blood products: (Specify:_____)

Treatment – Earliest Available Initial Hospital (incl ED) - Antivenom Treatment Detail

Type of Antivenom Treatment Obtained During Initial Hospitalization - Summary

☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip

☐ Other type of antivenom (Incl RCT-related AV) (Specify: _____)

If both CroFab and Anavip given anytime during initial hospitalization,
Why was the type of antivenom changed during treatment?

- ☐ Different AV used at the outside hospital (transferred, but OSH carried different AV)
- ☐ Patient was not responding to initial AV choice (nonresponse)
- ☐ Allergic reaction to initial AV choice
- ☐ Supply of initial AV ran out
- ☐ Other reason for AV change (Specify:_____)
- ☐ Unknown reason for change

Prophylactic treatment for adverse reaction used? ☐ Yes ☐ No ☐ Unknown

If 'Yes' prophylactic treatment used, which type of prophylactic treatment used (*Check all that apply*):

☐ Epinephrine ☐ Steroids ☐ Antihistamine

If patient +AV, each dosing event should be entered individually in sequential order (AV+1, AV+2, AV+3, etc). Each event includes fields related to timing of dose, reason for dose, # vials.

If patient +AV, and received multiple labs between sequential dosing events, then complete pre-AV and post-AV lab values using the labs closest to administration of each AV event (immediately preceding) and after administration of AV event (immediately following).

For Sequential +AV Dosing Events, if patient DID NOT receive multiple labs between sequential AV doses then indicate 'Not Done' for pre-lab indicators for the following dose as necessary.

For example, AV Dose #2 pre- and post-lab values completed, but *no additional labs done prior to AV* Dose# 3, *then indicate 'Not Done'* for pre-lab #3 indicators.

ANTIVENOM DOSING EVENT #1

-- Enter *Pre-AV Lab Values* unless SAME as Earliest Labs (Use checkoff & *SKIP* to Post-AV LabValues)
-- Enter # *Vials* – Numeric Values Only (Integer including zero [0] as applicable)
-- Enter *Post-AV Lab Values*
-- If Final AV Dosing Event During Initial Hospital Admission, then Complete *Discharge Lab Value.* Or continue to AV+2 Dosing Event
-- Enter description of any unusual circumstances regarding use of AV in free text field below "Specify Any Other Treatment"

Dosing Event AV#1: Time from Bite-to-Antivenom in Hours _____

Type of Antivenom Treatment #1? ☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other type of antivenom (Incl RCT-related AV) (Specify: _____)
☐ No AV this dosing event

Dosing Event AV#1: Reason for Antivenom [Check all that apply]
☐ Swelling (Specify Severity Below)
☐ Lab Abnormality (Specify Marker Below)
☐ Systematic (Specify Signs Below)
☐ Neurotoxicity (Specify Signs Below)
☐ Other reason for antivenom (Specify: _____)
☐ Unknown

Dosing Event AV#1: Swelling Detail
☐ Swelling < 7 cm from bite ☐ Swelling > 100 cm from bite
☐ Swelling 7-50 cm from bite ☐ Swelling NOS
☐ Swelling 51-100 cm from bite

Dosing Event AV#1: Laboratory Abnormality
☐ Decrease in Platelets ☐ Decrease in Fibrinogen ☐ Rising PT
☐ Other abnormality (Specify:_____)

Dosing Event AV#1: Systemic Toxicity Detail
☐ Shock ☐ Hypotension ☐ Angioedema ☐ Vomiting ☐ Diarrhea
☐ Other systemic toxicity (Specify: _____)

Dosing Event AV#1: Neurotoxicity
☐ Fasciculation or myokymia ☐ Objective weakness ☐ Seizure ☐ Altered mental state

Was initial control achieved with AV dose #1? *(Definition- Initial control of envenomation is the cessation of progression of envenomation: including local effects, systemic effects, and coagulopathy.)*
☐ Yes ☐ No ☐ Unknown

Adverse reaction to antivenom after AV#1? ☐ Yes ☐ No ☐ Unknown

If 'Yes' adverse reaction to antivenom,
Indicate Timing of Adverse Event to Antivenom (Minutes): _____

Type of adverse reaction (*Check all that apply*):
☐ Rash ☐ Hypotension ☐ Angioedema ☐ Bronchospasm
☐ Other Adverse Reaction (Specify: _____)

What adverse reaction treatment provided (*Check all that apply*)?
☐ Antivenom stopped ☐ Corticosteroids ☐ Antihistamine ☐ Epinephrine
☐ Albuterol ☐ No treatment

If given both CroFab and Anavip and adverse reaction occurred with AV#1,
Which antivenom was the adverse event attributed to?
☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other (Specify: _____) ☐ Unknown

Dosing Event AV#1: Lab Values Initial Hospitalization – PRE Antivenom Dose #1: Indicate Lab Values Immediately Preceding the First Dose of Antivenom [preAV:Lab1]

NOTE: If No Additional Labs from those Entered as 'Earliest' – enter 'Not Done'

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
PreAV1: Hemoglobin	☐	☐	☐	☐
PreAV1: Hematocrit	☐	☐	☐	☐
PreAV1: Platelets	☐	☐	☐	☐
PreAV1: Fibrinogen	☐	☐	☐	☐
PreAV1: Prothrombin	☐	☐	☐	☐
PreAV1: CPK	☐	☐	☐	☐

If 'Done, Available' enter Values:

PreAV1: Hemoglobin (g/dL) _____
PreAV1: Hematocrit (%) _____
PreAV1: Platelets (K/mm^3) _____
PreAV1: Fibrinogen level (mg/dL) _____
PreAV1: Prothrombin time (sec) _____
PreAV1: CPK (IU/L) _____

Dosing Event #1: Initial number of vials (Count): _____

Dosing Event AV#1: Lab Values Initial Hospitalization – POST Antivenom Dose #1: Indicate Lab Values Immediately After/Following the Dose of Antivenom [postAV:Lab1]

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
PostAV1: Hemoglobin	☐	☐	☐	☐
PostAV1: Hematocrit	☐	☐	☐	☐
PostAV1: Platelets	☐	☐	☐	☐
PostAV1: Fibrinogen	☐	☐	☐	☐
PostAV1: Prothrombin	☐	☐	☐	☐
PostAV1: CPK	☐	☐	☐	☐

If 'Done, Available' enter Values:

PostAV1: Hemoglobin (g/dL) _____
PostAV1: Hematocrit (%) _____
PostAV1: Platelets (K/mm^3) _____
PostAV1: Fibrinogen level (mg/dL) _____
PostAV1: Prothrombin time (sec) _____
PostAV1: CPK (IU/L) _____

Dosing Event AV+1: Did the patient receive another dose of antivenom during this hospitalization?

☐ Yes ***CONTINUE*** to Antivenom Dosing Event #2
☐ No ***SKIP*** To Section 'Discharge Lab Values for Patients Receiving Antivenom'

ANTIVENOM DOSING EVENT #2

---- Enter *Pre-AV & Post-AV Lab Values*
---- Enter # *Vials* - Numeric Values Only (Integer including zero [0] as applicable)
---- Enter description of any unusual circumstances regarding use of AV in free text field below "Specify Any Other Treatment"

Dosing Event AV#2: Time from Bite-to-Antivenom in Hours _____

Type of Antivenom Treatment #2? ☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other type of antivenom (Incl RCT-related AV) (Specify: _____)
☐ No AV this dosing event

Dosing Event AV#2: Reason for Antivenom [Check all that apply]
☐ Swelling (Specify Severity Below)
☐ Lab Abnormality (Specify Marker Below)
☐ Systematic (Specify Signs Below)
☐ Neurotoxicity (Specify Signs Below)
☐ Other reason for antivenom (Specify: _____)
☐ Unknown

Dosing Event AV#2: Swelling Detail
☐ Swelling < 7 cm from bite ☐ Swelling > 100 cm from bite
☐ Swelling 7-50 cm from bite ☐ Swelling NOS
☐ Swelling 51-100 cm from bite

Dosing Event AV#2: Laboratory Abnormality
☐ Decrease in Platelets ☐ Decrease in Fibrinogen ☐ Rising PT
☐ Other abnormality (Specify:_____)

Dosing Event AV#2: Systemic Toxicity Detail
☐ Shock ☐ Hypotension ☐ Angioedema ☐ Vomiting ☐ Diarrhea
☐ Other systemic toxicity (Specify: _____)

Dosing Event AV#2: Neurotoxicity
☐ Fasciculation or myokymia ☐ Objective weakness ☐ Seizure ☐ Altered mental state

Was initial control achieved with AV dose #2? *(Definition- Initial control of envenomation is the cessation of progression of envenomation: including local effects, systemic effects, and coagulopathy.)*
☐ Yes ☐ No ☐ Unknown

Adverse reaction to antivenom after AV#2? ☐ Yes ☐ No ☐ Unknown

If 'Yes' adverse reaction to antivenom,

Indicate Timing of Adverse Event to Antivenom (Minutes): _____

Type of adverse reaction (*Check all that apply*):
☐ Rash ☐ Hypotension ☐ Angioedema ☐ Bronchospasm
☐ Other Adverse Reaction (Specify: _____)

What adverse reaction treatment provided (*Check all that apply*)?
☐ Antivenom stopped ☐ Corticosteroids ☐ Antihistamine ☐ Epinephrine
☐ Albuterol ☐ No treatment

If given both CroFab and Anavip & Adverse Reaction occurred with AV#2,
Which antivenom was the adverse event attributed to?
☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other (Specify: _____)
☐ Unknown

Dosing Event AV#2: Lab Values Initial Hospitalization – PRE Antivenom Dose #2: Indicate Lab Values Immediately Preceding the Second Dose of Antivenom [preAV:Lab2]

NOTE: If No Additional Labs from those Entered Under PostAV Lab1 - Enter 'Not Done'

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
PreAV2: Hemoglobin	☐	☐	☐	☐
PreAV2: Hematocrit	☐	☐	☐	☐
PreAV2: Platelets	☐	☐	☐	☐
PreAV2: Fibrinogen	☐	☐	☐	☐
PreAV2: Prothrombin	☐	☐	☐	☐
PreAV2: CPK	☐	☐	☐	☐

If 'Done, Available' enter Values:

PreAV2: Hemoglobin (g/dL) _____
PreAV2: Hematocrit (%) _____
PreAV2: Platelets (K/mm^3) _____
PreAV2: Fibrinogen level (mg/dL) _____
PreAV2: Prothrombin time (sec) _____
PreAV2: CPK (IU/L) _____

Dosing Event #2: Additional number of vials (Count): _____

Dosing Event AV#2: Lab Values Initial Hospitalization – POST Antivenom Dose #2: Indicate Lab Values Immediately After/Following the Second Dose of Antivenom [postAV:Lab2]

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
PostAV2: Hemoglobin	☐	☐	☐	☐
PostAV2: Hematocrit	☐	☐	☐	☐
PostAV2: Platelets	☐	☐	☐	☐
PostAV2: Fibrinogen	☐	☐	☐	☐
PostAV2: Prothrombin	☐	☐	☐	☐
PostAV2: CPK	☐	☐	☐	☐

If 'Done, Available' enter Values:

PostAV2: Hemoglobin (g/dL) _____
PostAV2: Hematocrit (%) _____
PostAV2: Platelets (K/mm^3) _____
PostAV2: Fibrinogen level (mg/dL) _____
PostAV2: Prothrombin time (sec) _____
PostAV2: CPK (IU/L) _____

Dosing Event AV+2: Did the patient receive another dose of antivenom during this hospitalization?

☐ Yes ***CONTINUE*** to Antivenom Dosing Event #3
☐ No ***SKIP*** To Section 'Discharge Lab Values for Patients Receiving Antivenom'

ANTIVENOM DOSING EVENT #3

---- Enter *Pre-AV & Post-AV Lab Values*
---- Enter # *Vials* - Numeric Values Only (Integer including zero [0] as applicable)
---- Enter description of any unusual circumstances regarding use of AV in free text field below "Specify Any Other Treatment"

Dosing Event AV#3: Time from Bite-to-Antivenom in Hours _____

Type of Antivenom Treatment #3? ☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other type of antivenom (Incl RCT-related AV) (Specify: _____)
☐ No AV this dosing event

Dosing Event AV#3: Reason for Antivenom [Check all that apply]
☐ Swelling (Specify Severity Below)
☐ Lab Abnormality (Specify Marker Below)
☐ Systematic (Specify Signs Below)
☐ Neurotoxicity (Specify Signs Below)
☐ Other reason for antivenom (Specify: _____)
☐ Unknown

Dosing Event AV#3: Swelling Detail
☐ Swelling < 7 cm from bite ☐ Swelling > 100 cm from bite
☐ Swelling 7-50 cm from bite ☐ Swelling NOS
☐ Swelling 51-100 cm from bite

Dosing Event AV#3: Laboratory Abnormality
☐ Decrease in Platelets ☐ Decrease in Fibrinogen ☐ Rising PT
☐ Other abnormality (Specify:_____)

Dosing Event AV#3: Systemic Toxicity Detail
☐ Shock ☐ Hypotension ☐ Angioedema ☐ Vomiting ☐ Diarrhea
☐ Other systemic toxicity (Specify: _____)

Dosing Event AV#3: Neurotoxicity
☐ Fasciculation or myokymia ☐ Objective weakness ☐ Seizure ☐ Altered mental state

Was initial control achieved with AV dose #3? *(Definition- Initial control of envenomation is the cessation of progression of envenomation: including local effects, systemic effects, and coagulopathy.)*
☐ Yes ☐ No ☐ Unknown

Adverse reaction to antivenom after AV#3? ☐ Yes ☐ No ☐ Unknown

If 'Yes' adverse reaction to antivenom,

Indicate Timing of Adverse Event to Antivenom (Minutes): _____

Type of adverse reaction (*Check all that apply*):
☐ Rash ☐ Hypotension ☐ Angioedema ☐ Bronchospasm
☐ Other Adverse Reaction (Specify: _____)

What adverse reaction treatment provided (*Check all that apply*)?
☐ Antivenom stopped ☐ Corticosteroids ☐ Antihistamine ☐ Epinephrine
☐ Albuterol ☐ No treatment

If given both CroFab and Anavip & Adverse Reaction occurred with AV#3,
Which antivenom was the adverse event attributed to?
☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other (Specify: _____)
☐ Unknown

Dosing Event AV#3: Lab Values Initial Hospitalization – PRE Antivenom Dose #3: Indicate Lab Values Immediately Preceding the Third Dose of Antivenom [preAV:Lab3]

NOTE: If No Additional Labs from those Entered Under PostAV Lab2 - Enter 'Not Done'

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
PreAV3: Hemoglobin	☐	☐	☐	☐
PreAV3: Hematocrit	☐	☐	☐	☐
PreAV3: Platelets	☐	☐	☐	☐
PreAV3: Fibrinogen	☐	☐	☐	☐
PreAV3: Prothrombin	☐	☐	☐	☐
PreAV3: CPK	☐	☐	☐	☐

If 'Done, Available' enter Values:

PreAV3: Hemoglobin (g/dL) _____
PreAV3: Hematocrit (%) _____
PreAV3: Platelets (K/mm^3) _____
PreAV3: Fibrinogen level (mg/dL) _____
PreAV3: Prothrombin time (sec) _____
PreAV3: CPK (IU/L) _____

Dosing Event #3: Additional number of vials (Count): _____

Dosing Event AV#3: Lab Values Initial Hospitalization – POST Antivenom Dose #3: Indicate Lab Values Immediately After/Following the Third Dose of Antivenom [postAV:Lab3]

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
PostAV3: Hemoglobin	☐	☐	☐	☐
PostAV3: Hematocrit	☐	☐	☐	☐
PostAV3: Platelets	☐	☐	☐	☐
PostAV3: Fibrinogen	☐	☐	☐	☐
PostAV3: Prothrombin	☐	☐	☐	☐
PostAV3: CPK	☐	☐	☐	☐

If 'Done, Available' enter Values:

PostAV3: Hemoglobin (g/dL) _____
PostAV3: Hematocrit (%) _____
PostAV3: Platelets (K/mm^3) _____
PostAV3: Fibrinogen level (mg/dL) _____
PostAV3: Prothrombin time (sec) _____
PostAV3: CPK (IU/L) _____

Dosing Event AV+3: Did the patient receive another dose of antivenom during this hospitalization?

☐ Yes ***CONTINUE*** to Antivenom Dosing Event #4
☐ No ***SKIP*** To Section 'Discharge Lab Values for Patients Receiving Antivenom'

ANTIVENOM DOSING EVENT #4

---- Enter *Pre-AV & Post-AV Lab Values*
---- Enter # *Vials* - Numeric Values Only (Integer including zero [0] as applicable)
---- Enter description of any unusual circumstances regarding use of AV in free text field below "Specify Any Other Treatment"

Dosing Event AV#4: Time from Bite-to-Antivenom in Hours _____

Type of Antivenom Treatment #4? ☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other type of antivenom (Incl RCT-related AV) (Specify: _____)
☐ No AV this dosing event

Dosing Event AV#4: Reason for Antivenom [Check all that apply]
☐ Swelling (Specify Severity Below)
☐ Lab Abnormality (Specify Marker Below)
☐ Systematic (Specify Signs Below)
☐ Neurotoxicity (Specify Signs Below)
☐ Other reason for antivenom (Specify: _____)
☐ Unknown

Dosing Event AV#4: Swelling Detail
☐ Swelling < 7 cm from bite ☐ Swelling > 100 cm from bite
☐ Swelling 7-50 cm from bite ☐ Swelling NOS
☐ Swelling 51-100 cm from bite

Dosing Event AV#4: Laboratory Abnormality
☐ Decrease in Platelets ☐ Decrease in Fibrinogen ☐ Rising PT
☐ Other abnormality (Specify:_____)

Dosing Event AV#4: Systemic Toxicity Detail
☐ Shock ☐ Hypotension ☐ Angioedema ☐ Vomiting ☐ Diarrhea
☐ Other systemic toxicity (Specify: _____)

Dosing Event AV#4: Neurotoxicity
☐ Fasciculation or myokymia ☐ Objective weakness ☐ Seizure ☐ Altered mental state

Was initial control achieved with AV dose #4? *(Definition- Initial control of envenomation is the cessation of progression of envenomation: including local effects, systemic effects, and coagulopathy.)*
☐ Yes ☐ No ☐ Unknown

Adverse reaction to antivenom after AV#4? ☐ Yes ☐ No ☐ Unknown

If 'Yes' adverse reaction to antivenom,

Indicate Timing of Adverse Event to Antivenom (Minutes): _____

Type of adverse reaction (*Check all that apply*):
☐ Rash ☐ Hypotension ☐ Angioedema ☐ Bronchospasm
☐ Other Adverse Reaction (Specify: _____)

What adverse reaction treatment provided (*Check all that apply*)?
☐ Antivenom stopped ☐ Corticosteroids ☐ Antihistamine ☐ Epinephrine
☐ Albuterol ☐ No treatment

If given both CroFab and Anavip & Adverse Reaction occurred with AV#4,
Which antivenom was the adverse event attributed to?
☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other (Specify: _____)
☐ Unknown

Dosing Event AV#4: Lab Values Initial Hospitalization – PRE Antivenom Dose #4: Indicate Lab Values Immediately Preceding the Fourth Dose of Antivenom [preAV:Lab4]

NOTE: If No Additional Labs from those Entered Under PostAV Lab3 - Enter 'Not Done'

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
PreAV4: Hemoglobin	☐	☐	☐	☐
PreAV4: Hematocrit	☐	☐	☐	☐
PreAV4: Platelets	☐	☐	☐	☐
PreAV4: Fibrinogen	☐	☐	☐	☐
PreAV4: Prothrombin	☐	☐	☐	☐
PreAV4: CPK	☐	☐	☐	☐

If 'Done, Available' enter Values:

PreAV4: Hemoglobin (g/dL) _____
PreAV4: Hematocrit (%) _____
PreAV4: Platelets (K/mm^3) _____
PreAV4: Fibrinogen level (mg/dL) _____
PreAV4: Prothrombin time (sec) _____
PreAV4: CPK (IU/L) _____

Dosing Event #4: Additional number of vials (Count): _____

Dosing Event AV#4: Lab Values Initial Hospitalization – POST Antivenom Dose #4: Indicate Lab Values Immediately After/Following the Fourth Dose of Antivenom [postAV:Lab4]

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
PostAV4: Hemoglobin	☐	☐	☐	☐
PostAV4: Hematocrit	☐	☐	☐	☐
PostAV4: Platelets	☐	☐	☐	☐
PostAV4: Fibrinogen	☐	☐	☐	☐
PostAV4: Prothrombin	☐	☐	☐	☐
PostAV4: CPK	☐	☐	☐	☐

If 'Done, Available' enter Values:

PostAV4: Hemoglobin (g/dL) _____
PostAV4: Hematocrit (%) _____
PostAV4: Platelets (K/mm^3) _____
PostAV4: Fibrinogen level (mg/dL) _____
PostAV4: Prothrombin time (sec) _____
PostAV4: CPK (IU/L) _____

Dosing Event AV+4: Did the patient receive another dose of antivenom during this hospitalization?

☐ Yes ***CONTINUE*** to Antivenom Dosing Event #5
☐ No ***SKIP*** To Section 'Discharge Lab Values for Patients Receiving Antivenom'

ANTIVENOM DOSING EVENT #5

---- Enter *Pre-AV & Post-AV Lab Values*
---- Enter # *Vials* - Numeric Values Only (Integer including zero [0] as applicable)
---- Enter description of any unusual circumstances regarding use of AV in free text field below "Specify Any Other Treatment"

Dosing Event AV#5: Time from Bite-to-Antivenom in Hours _____

Type of Antivenom Treatment #5? ☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other type of antivenom (Incl RCT-related AV) (Specify: _____)
☐ No AV this dosing event

Dosing Event AV#5: Reason for Antivenom [Check all that apply]
☐ Swelling (Specify Severity Below)
☐ Lab Abnormality (Specify Marker Below)
☐ Systematic (Specify Signs Below)
☐ Neurotoxicity (Specify Signs Below)
☐ Other reason for antivenom (Specify: _____)
☐ Unknown

Dosing Event AV#5: Swelling Detail
☐ Swelling < 7 cm from bite ☐ Swelling > 100 cm from bite
☐ Swelling 7-50 cm from bite ☐ Swelling NOS
☐ Swelling 51-100 cm from bite

Dosing Event AV#5: Laboratory Abnormality
☐ Decrease in Platelets ☐ Decrease in Fibrinogen ☐ Rising PT
☐ Other abnormality (Specify:_____)

Dosing Event AV#5: Systemic Toxicity Detail
☐ Shock ☐ Hypotension ☐ Angioedema ☐ Vomiting ☐ Diarrhea
☐ Other systemic toxicity (Specify: _____)

Dosing Event AV#5: Neurotoxicity
☐ Fasciculation or myokymia ☐ Objective weakness ☐ Seizure ☐ Altered mental state

Was initial control achieved with AV dose #5? *(Definition- Initial control of envenomation is the cessation of progression of envenomation: including local effects, systemic effects, and coagulopathy.)*
☐ Yes ☐ No ☐ Unknown

Adverse reaction to antivenom after AV#5? ☐ Yes ☐ No ☐ Unknown

If 'Yes' adverse reaction to antivenom,

Indicate Timing of Adverse Event to Antivenom (Minutes): _____

Type of adverse reaction (*Check all that apply*):
☐ Rash ☐ Hypotension ☐ Angioedema ☐ Bronchospasm
☐ Other Adverse Reaction (Specify: _____)

What adverse reaction treatment provided (*Check all that apply*)?
☐ Antivenom stopped ☐ Corticosteroids ☐ Antihistamine ☐ Epinephrine
☐ Albuterol ☐ No treatment

If given both CroFab and Anavip & Adverse Reaction occurred with AV#5,
Which antivenom was the adverse event attributed to?
☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other (Specify: _____)
☐ Unknown

Dosing Event AV#5: Lab Values Initial Hospitalization – PRE Antivenom Dose #5: Indicate Lab Values Immediately Preceding the Fifth Dose of Antivenom [preAV:Lab5]

NOTE: If No Additional Labs from those Entered Under PostAV Lab4 - Enter 'Not Done'

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
PreAV5: Hemoglobin	☐	☐	☐	☐
PreAV5: Hematocrit	☐	☐	☐	☐
PreAV5: Platelets	☐	☐	☐	☐
PreAV5: Fibrinogen	☐	☐	☐	☐
PreAV5: Prothrombin	☐	☐	☐	☐
PreAV5: CPK	☐	☐	☐	☐

If 'Done, Available' enter Values:

PreAV5: Hemoglobin (g/dL) _____
PreAV5: Hematocrit (%) _____
PreAV5: Platelets (K/mm^3) _____
PreAV5: Fibrinogen level (mg/dL) _____
PreAV5: Prothrombin time (sec) _____
PreAV5: CPK (IU/L) _____

Dosing Event #5: Additional number of vials (Count): _____

Dosing Event AV#5: Lab Values Initial Hospitalization – POST Antivenom Dose #5: Indicate Lab Values Immediately After/Following the Fifth Dose of Antivenom [postAV:Lab5]

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
PostAV5: Hemoglobin	☐	☐	☐	☐
PostAV5: Hematocrit	☐	☐	☐	☐
PostAV5: Platelets	☐	☐	☐	☐
PostAV5: Fibrinogen	☐	☐	☐	☐
PostAV5: Prothrombin	☐	☐	☐	☐
PostAV5: CPK	☐	☐	☐	☐

If 'Done, Available' enter Values:

PostAV5: Hemoglobin (g/dL) _____
PostAV5: Hematocrit (%) _____
PostAV5: Platelets (K/mm^3) _____
PostAV5: Fibrinogen level (mg/dL) _____
PostAV5: Prothrombin time (sec) _____
PostAV5: CPK (IU/L) _____

Dosing Event AV+5: Did the patient receive another dose of antivenom during this hospitalization?

☐ Yes ***CONTINUE*** to Antivenom Dosing Event #6
☐ No ***SKIP*** To Section 'Discharge Lab Values for Patients Receiving Antivenom'

For Additional Dosing Events – Use AV Supplemental Forms (AV#6-10).

Discharge Lab Values for Patients Receiving Antivenom

If no other antivenom dosing events to report, then please complete the final laboratory discharge section:

Final Hospital Discharge: Indicate Final Laboratory Values Status [AV+]:

☐ **AV+ - Labs already entered as final post-AV dose [*SKIP* to Treatment Procedures]**

☐ **AV+ - Additional final lab preceding discharge available [*CONTINUE* to Discharge Labs]**

Discharge Lab Values Initial Hospitalization - AV+ Cases

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
Discharge: Hemoglobin	☐	☐	☐	☐
Discharge: Hematocrit	☐	☐	☐	☐
Discharge: Platelets	☐	☐	☐	☐
Discharge: Fibrinogen	☐	☐	☐	☐
Discharge: Prothrombin	☐	☐	☐	☐
Discharge: CPK	☐	☐	☐	☐

If 'Done, Available' enter Values:

Final Discharge +AV: Hemoglobin (g/dL) _____

Final Discharge +AV: Hematocrit (%) _____

Final Discharge +AV: Platelets (K/mm^5) _____

Final Discharge +AV: Fibrinogen level (mg/dL) _____

Final Discharge +AV: Prothrombin time (sec) _____

Final Discharge +AV: CPK (IU/L) _____

Treatment – Initial Treatment Procedure During Initial Hospitalization: Summary

Procedures: ☐ Yes ☐ No ☐ Unknown

Procedure(s) Surgery: Time-since-Bite (Hours) _____

*If second procedure conducted at different time during initial hospitalization – enter info in 'Other Treatment'

Procedure(s) Performed: [***Check all that apply***]

☐ Debridement bullae
☐ Dermotomy
☐ Fasciotomy
☐ Incision and drainage of wound
☐ Incision and drainage of abscess
☐ Other (Specify procedure: _____)

Procedure location? [***Check all that apply***]

☐ Digit
☐ Upper Extremity
☐ Lower Extremity
☐ Other (Specify location: _____)

Specify any Other Treatment: _____

Summary Length of Stay (LOS) – Initial Hospitalization

Total time in hospital: ☐ <24 hours ☐ 25-48 hours ☐ 49-72 hours
☐ Other (Specify other total time in Hospital (Days): _____)

Total time in ICU: ☐ Never

☐ <24 hours ☐ 25-48 hours ☐ 49-72 hours
☐ Other (Specify other total time in ICU (Days): _____)

PATIENT FOLLOW UP INFORMATION (After Initial Hospital Discharge)

Is follow up information available for this patient? ☐ Yes ☐ No ☐ Pending

If 'Yes' - *Proceed to enter detailed information for F/U visits #1-#3*
If >3 F/U visits available, use additional summary field provided.
***PROCEED** to 'Final Outcome' section*

If 'No' - *Indicate lost to follow up and any detail.*
***PROCEED** to 'Final Outcome' section*

If 'Pending' - *Submit partial case, save, request unique html survey link, retain link for electronic record re-entry.*

Explain why case considered lost to follow up [*Check all that apply*]:

☐ Multiple attempts to contact failed
☐ Patient refused or no show
☐ Patient seen at another medical location (data unavailable)
☐ Patient seen by other medical specialty (data unavailable)
☐ Patient followed by PCP (data not made available)
☐ Patient relocated (data unavailable)
☐ Patient incarcerated
☐ Patient died during initial hospitalization

FOLLOW UP #1 DETAIL

Method of follow up #1: ☐ Direct patient evaluation
☐ Spoke with patient on telephone
☐ Other (Specify other method of follow up #1:)

Days since last Antivenom at F/U #1:

Total Hours since Bite F/U #1: ☐ <48 Hours ☐ ≥48 Hours

Any Laboratory Values Available at Follow Up #1: ☐ Yes ☐ No

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
FU Lab1: Hemoglobin	☐	☐	☐	☐
FU Lab1: Hematocrit	☐	☐	☐	☐
FU Lab1: Platelets	☐	☐	☐	☐
FU Lab1: Fibrinogen	☐	☐	☐	☐
FU Lab1: Prothrombin	☐	☐	☐	☐
FU Lab1: Hemoglobin	☐	☐	☐	☐

If 'Done, Available' enter Values:

FU Lab1: Hemoglobin (g/dL)
FU Lab1: Hematocrit (%)
FU Lab1: Platelets (K/mm^3)
FU Lab1: Fibrinogen level (mg/dL)
FU Lab1: Prothrombin time (sec)

Follow Up #1 Status of Swelling: ☐ Not present ☐ Improved ☐ Stable ☐ Extending ☐ Unknown
Follow Up #1 Status of Necrosis: ☐ Not present ☐ Improved ☐ Stable ☐ Extending ☐ Unknown
Follow Up #1 Status of Pain: ☐ Not present ☐ Improved ☐ Stable ☐ Extending ☐ Unknown

Follow Up #1 Status of Function: ☐ Baseline ☐ Improved ☐ Unchanged ☐ Worsening ☐ Unknown

Follow Up #1: Patient Treated with Opioid
☐ Yes – Continued from Initial Hospitalization
☐ Yes – Initiated Follow Up #1
☐ No
☐ Unknown

Follow Up #1 Status Late Bleeding Occurrence: ☐ Occurred ☐ Did not occur ☐ Did not assess for late bleeding

Specify Type of Late (Follow Up) Bleeding: ☐ Nuisance ☐ Major
☐ Bleeding in extremity with >3 g/dL Hgb drop

Specify Type of Late Follow Up Nuisance Bleeding: ☐ Epistaxis ☐ Gingival ☐ Oozing from punctures
☐ Other (Specify nuisance bleeding: _____)

Specify Type of Late Follow Up Major Bleeding: ☐ GI ☐ Retroperitoneal ☐ Intracranial
☐ Other (Specify major bleeding: _____)

Patient treated for Late Bleeding Follow Up #1? [*Check all that apply*]
☐ No treatment
☐ Antivenom (Enter Detail Under Readmission)
☐ Blood products (Specify below)
☐ Other (Specify late bleed treatment : _____)

Follow Up #1 Blood Products: Indicate Type of Reagent
☐ PRBCs - Number of units (Count): _____
☐ Platelets - Number of units (Count): _____
☐ FFP - Number of units (Count): _____
☐ Cryoprecipitate - Number of units (Count): _____
☐ rFVIIa - Number of units (Count): _____
☐ Other blood products: (Specify:_____)

Follow Up #1 Serum Sickness Symptoms [*Check all that apply*]:
☐ Not Applicable (**No AV Treatment**)
☐ None [+AV Tx] ☐ Rash ☐ Wheezing ☐ Myalgias ☐ Fever
☐ Other (Specify serum sickness symptoms follow up #1: _____)

Serum Sickness Treatment Follow Up #1:
☐ No Treatment ☐ Steroids ☐ Antihistamines
☐ Other (Specify treatments follow up #1: _____)

Patient Readmitted Follow Up #1? ☐ Yes ☐ No ***If 'No', SKIP to Q: Final Outcome Indicator***

At this Follow Up #1 - Why Patient Readmitted [*Check all that apply*]:

Readmission Reason Follow Up #1	Yes	No	Unknown
Late thrombocytopenia (platelets <120 K/mm^3)	☐	☐	☐
Late hypofibrinogenemia (fibrinogen <170 mg/dL)	☐	☐	☐
Late coagulopathy (prothrombin time >15 sec)	☐	☐	☐
Bleeding	☐	☐	☐
Recurrent swelling	☐	☐	☐
Wound Infection	☐	☐	☐
Other specify	☐	☐	☐

Specify Other Reason Readmission Follow Up #1: _____

Follow Up #1: Treatment during this F/U #1 Readmission (Not Previously Entered for Late Bleeding or Serum Sickness):

☐ Yes ☐ No ***If 'No', SKIP to Q: Final Outcome Indicator***

If "Yes" Treatment Readmission F/U #1 – Indicate Additional Treatment Received during Readmission

☐ Antivenom
☐ Procedure
☐ Other Pharmaceutical Treatment
☐ Other Non-Pharmaceutical Treatment
☐ Unknown

FU #1 Readmission Antivenom Treatment – Indicate Reason

☐ Swelling (Specify Severity Below)
☐ Lab Abnormality (Specify Marker Below)
☐ Systematic (Specify Signs Below)
☐ Neurotoxicity (Specify Signs Below)
☐ Maintenance
☐ Other Reason (Specify: _____)
☐ Unknown

F/U #1 Readmission: Swelling Detail

☐ Swelling < 7 cm from bite ☐ Swelling > 100 cm from bite
☐ Swelling 7-50 cm from bite ☐ Swelling NOS
☐ Swelling 51-100 cm from bite

F/U #1 Readmission: Laboratory Abnormality

☐ Decrease in Platelets ☐ Decrease in Fibrinogen ☐ Rising PT
☐ Other abnormality (Specify:_____)

F/U #1 Readmission: Systemic Toxicity Detail

☐ Shock ☐ Hypotension ☐ Angioedema ☐ Vomiting ☐ Diarrhea
☐ Other systemic toxicity (Specify: _____)

F/U #1 Readmission: Neurotoxicity

☐ Fasciculation or myokymia ☐ Objective weakness
☐ Seizure ☐ Altered mental state

If Antivenom Treatment Readmission F/U #1 – Enter Vial Count

FU #1: Initial Number of Vials _____
FU #1: Additional Vials _____
FU #1: Total Number of Vials _____

If Antivenom Treatment Readmission F/U #1 – Indicate Type of Antivenom Treatment

☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other type of antivenom (Incl RCT-related AV) (Specify: _____)
☐ Unknown

If both CroFab and Anavip given, why was the type of antivenom changed during treatment?

☐ Different AV used at the outside hospital (transferred, but OSH carried different AV)
☐ Patient was not responding to initial AV choice (nonresponse)
☐ Allergic reaction to initial AV choice
☐ Supply of initial AV ran out

☐ Other reason for AV change (Specify:)
☐ Unknown reason for change

F/U #1 Readmission: Procedure(s) Performed [***Check all that apply***]

☐ Debridement bullae
☐ Dermotomy
☐ Fasciotomy
☐ Incision and drainage of wound
☐ Incision and drainage of abscess
☐ Other (Specify procedure type:)

F/U #1 Readmission: Procedure(s) Location [***Check all that apply***]

☐ Digit
☐ Upper Extremity
☐ Lower Extremity
☐ Other (Specify location:)

F/U #1 Readmission: Procedure(s) Surgery: Time-since-Bite (Hours)

F/U #1 Readmission: Specify Pharmaceutical Treatment Detail:

F/U #1 Readmission: Specify Non-Pharmaceutical Treatment Detail:

Is this the final follow up? (Follow Up #1): ☐ Yes ☐ No ***If 'Yes', SKIP to Final Outcome***

Method of follow up #2:
☐ Direct patient evaluation
☐ Spoke with patient on telephone
☐ Other (Specify other method of follow up #2: _____)

Days since last Antivenom at F/U #2: _____

Total Hours since Bite F/U #2: ☐ <48 Hours ☐ ≥48 Hours

Any Laboratory Values Available at Follow Up #2: ☐ Yes ☐ No

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
FU Lab2: Hemoglobin	☐	☐	☐	☐
FU Lab2: Hematocrit	☐	☐	☐	☐
FU Lab2: Platelets	☐	☐	☐	☐
FU Lab2: Fibrinogen	☐	☐	☐	☐
FU Lab2: Prothrombin	☐	☐	☐	☐
FU Lab2: Hemoglobin	☐	☐	☐	☐

If 'Done, Available' enter Values:

FU Lab2: Hemoglobin (g/dL)
FU Lab2: Hematocrit (%)
FU Lab2: Platelets (K/mm^3)
FU Lab2: Fibrinogen level (mg/dL)
FU Lab2: Prothrombin time (sec)

Follow Up #2 Status of Swelling: ☐ Not present ☐ Improved ☐ Stable ☐ Extending ☐ Unknown
Follow Up #2 Status of Necrosis: ☐ Not present ☐ Improved ☐ Stable ☐ Extending ☐ Unknown

Follow Up #2 Status of Pain: ☐ Not present ☐ Improved ☐ Stable ☐ Extending ☐ Unknown

Follow Up #2 Status of Function: ☐ Baseline ☐ Improved ☐ Unchanged ☐ Worsening ☐ Unknown

Follow Up #2: Patient Treated with Opioid
- ☐ Yes – Continued from Initial Hospitalization
- ☐ Yes – Initiated Follow Up #2
- ☐ No
- ☐ Unknown

Follow Up #2 Status Late Bleeding Occurrence: ☐ Occurred ☐ Did not occur ☐ Did not assess for late bleeding

Specify Type of Late (Follow Up) Bleeding: ☐ Nuisance ☐ Major
☐ Bleeding in extremity with >3 g/dL Hgb drop

Specify Type of Late Follow Up Nuisance Bleeding: ☐ Epistaxis ☐ Gingival ☐ Oozing from punctures
☐ Other (Specify nuisance bleeding: _____)

Specify Type of Late Follow Up Major Bleeding: ☐ GI ☐ Retroperitoneal ☐ Intracranial
☐ Other (Specify major bleeding: _____)

Patient treated for Late Bleeding Follow Up #2? [*Check all that apply*]
- ☐ No treatment
- ☐ Antivenom (Enter Detail Under Readmission)
- ☐ Blood products (Specify below)
- ☐ Other (Specify late bleed treatment : _____)

Follow Up #2 Blood Products: Indicate Type of Reagent
- ☐ PRBCs - Number of units (Count): _____
- ☐ Platelets - Number of units (Count): _____
- ☐ FFP - Number of units (Count): _____
- ☐ Cryoprecipitate - Number of units (Count): _____
- ☐ rFVIIa - Number of units (Count): _____
- ☐ Other blood products: (Specify:_____)

Follow Up #2 Serum Sickness Symptoms [*Check all that apply*]:
- ☐ Not Applicable (**No AV Treatment**)
- ☐ None [+AV Tx] ☐ Rash ☐ Wheezing ☐ Myalgias ☐ Fever
- ☐ Other (Specify serum sickness symptoms follow up #2: _____)

Serum Sickness Treatment Follow Up #2:
- ☐ No Treatment ☐ Steroids ☐ Antihistamines
- ☐ Other (Specify treatments follow up #2: _____)

Patient Readmitted Follow Up #2? ☐ Yes ☐ No ***If 'No', SKIP to Q: Final Outcome Indicator***

At this Follow Up #2 - Why Patient Readmitted [*Check all that apply*]:

Readmission Reason Follow Up #2	Yes	No	Unknown
Late thrombocytopenia (platelets <120 K/mm^3)	☐	☐	☐
Late hypofibrinogenemia (fibrinogen <170 mg/dL)	☐	☐	☐
Late coagulopathy (prothrombin time >15 sec)	☐	☐	☐
Bleeding	☐	☐	☐
Recurrent swelling	☐	☐	☐
Wound Infection	☐	☐	☐
Other specify	☐	☐	☐

Specify Other Reason Readmission Follow Up #2: _____

Follow Up #2: Treatment during this F/U #2 Readmission (Not Previously Entered for Late Bleeding or Serum Sickness):

☐ Yes ☐ No ***If 'No', SKIP to Q: Final Outcome Indicator***

If "Yes" Treatment Readmission F/U #2 – Indicate Additional Treatment Received during Readmission

☐ Antivenom
☐ Procedure
☐ Other Pharmaceutical Treatment
☐ Other Non-Pharmaceutical Treatment
☐ Unknown

FU #2 Readmission Antivenom Treatment – Indicate Reason

☐ Swelling (Specify Severity Below)
☐ Lab Abnormality (Specify Marker Below)
☐ Systematic (Specify Signs Below)
☐ Neurotoxicity (Specify Signs Below)
☐ Maintenance
☐ Other Reason (Specify: _____)
☐ Unknown

F/U #2 Readmission: Swelling Detail

☐ Swelling < 7 cm from bite ☐ Swelling > 100 cm from bite
☐ Swelling 7-50 cm from bite ☐ Swelling NOS
☐ Swelling 51-100 cm from bite

F/U #2 Readmission: Laboratory Abnormality

☐ Decrease in Platelets ☐ Decrease in Fibrinogen ☐ Rising PT
☐ Other abnormality (Specify:_____)

F/U #2 Readmission: Systemic Toxicity Detail

☐ Shock ☐ Hypotension ☐ Angioedema ☐ Vomiting ☐ Diarrhea
☐ Other systemic toxicity (Specify: _____)

F/U #2 Readmission: Neurotoxicity

☐ Fasciculation or myokymia ☐ Objective weakness
☐ Seizure ☐ Altered mental state

If Antivenom Treatment Readmission F/U #2 – Enter Vial Count

FU #2: Initial Number of Vials _____
FU #2: Additional Vials _____
FU #2: Total Number of Vials _____

If Antivenom Treatment Readmission F/U #2 – Indicate Type of Antivenom Treatment

☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other type of antivenom (Incl RCT-related AV) (Specify: _____)
☐ Unknown

If both CroFab and Anavip given, why was the type of antivenom changed during treatment?

☐ Different AV used at the outside hospital (transferred, but OSH carried different AV)
☐ Patient was not responding to initial AV choice (nonresponse)
☐ Allergic reaction to initial AV choice
☐ Supply of initial AV ran out

☐ Other reason for AV change (Specify:_____)
☐ Unknown reason for change

F/U #2 Readmission: Procedure(s) Performed [***Check all that apply***]

☐ Debridement bullae
☐ Dermotomy
☐ Fasciotomy
☐ Incision and drainage of wound
☐ Incision and drainage of abscess
☐ Other (Specify procedure type: _____)

F/U #2 Readmission: Procedure(s) Location [***Check all that apply***]

☐ Digit
☐ Upper Extremity
☐ Lower Extremity
☐ Other (Specify location: _____)

F/U #2 Readmission: Procedure(s) Surgery: Time-since-Bite (Hours) _____

F/U #2 Readmission: Specify Pharmaceutical Treatment Detail: _____
_____

F/U #2 Readmission: Specify Non-Pharmaceutical Treatment Detail: _____
_____

Is this the final follow up? (Follow Up #2): ☐ Yes ☐ No ***If 'Yes', SKIP to Final Outcome***

Method of follow up #3:
☐ Direct patient evaluation
☐ Spoke with patient on telephone
☐ Other (Specify other method of follow up #3: _____)

Days since last Antivenom at F/U #3: _____

Total Hours since Bite F/U #3: ☐ <48 Hours ☐ ≥48 Hours

Any Laboratory Values Available at Follow Up #3: ☐ Yes ☐ No

Lab Test	Done, Available	Done, Not Available	Not Done	Unknown
FU Lab3: Hemoglobin	☐	☐	☐	☐
FU Lab3: Hematocrit	☐	☐	☐	☐
FU Lab3: Platelets	☐	☐	☐	☐
FU Lab3: Fibrinogen	☐	☐	☐	☐
FU Lab3: Prothrombin	☐	☐	☐	☐
FU Lab3: Hemoglobin	☐	☐	☐	☐

If 'Done, Available' enter Values:

FU Lab3: Hemoglobin (g/dL) _____
FU Lab3: Hematocrit (%) _____
FU Lab3: Platelets (K/mm^3) _____
FU Lab3: Fibrinogen level (mg/dL) _____
FU Lab3: Prothrombin time (sec) _____

Follow Up #3 Status of Swelling: ☐ Not present ☐ Improved ☐ Stable ☐ Extending ☐ Unknown
Follow Up #3 Status of Necrosis: ☐ Not present ☐ Improved ☐ Stable ☐ Extending ☐ Unknown

Follow Up #3 Status of Pain: ☐ Not present ☐ Improved ☐ Stable ☐ Extending ☐ Unknown
Follow Up #3 Status of Function: ☐ Baseline ☐ Improved ☐ Unchanged ☐ Worsening ☐ Unknown

Follow Up #3: Patient Treated with Opioid
☐ Yes – Continued from Initial Hospitalization
☐ Yes – Initiated Follow Up #3
☐ No
☐ Unknown

Follow Up #3 Status Late Bleeding Occurrence: ☐ Occurred ☐ Did not occur ☐ Did not assess for late bleeding

Specify Type of Late (Follow Up) Bleeding: ☐ Nuisance ☐ Major
☐ Bleeding in extremity with >3 g/dL Hgb drop

Specify Type of Late Follow Up Nuisance Bleeding: ☐ Epistaxis ☐ Gingival ☐ Oozing from punctures
☐ Other (Specify nuisance bleeding: _____)

Specify Type of Late Follow Up Major Bleeding: ☐ GI ☐ Retroperitoneal ☐ Intracranial
☐ Other (Specify major bleeding: _____)

Patient treated for Late Bleeding Follow Up #3? [*Check all that apply*]
☐ No treatment
☐ Antivenom (Enter Detail Under Readmission)
☐ Blood products (Specify below)
☐ Other (Specify late bleed treatment : _____)

Follow Up #3 Blood Products: Indicate Type of Reagent
☐ PRBCs - Number of units (Count): _____
☐ Platelets - Number of units (Count): _____
☐ FFP - Number of units (Count): _____
☐ Cryoprecipitate - Number of units (Count): _____
☐ rFVIIa - Number of units (Count): _____
☐ Other blood products: (Specify:_____)

Follow Up #3 Serum Sickness Symptoms [*Check all that apply*]:
☐ Not Applicable (**No AV Treatment**)
☐ None [+AV Tx] ☐ Rash ☐ Wheezing ☐ Myalgias ☐ Fever
☐ Other (Specify serum sickness symptoms follow up #3: _____)

Serum Sickness Treatment Follow Up #3:
☐ No Treatment ☐ Steroids ☐ Antihistamines
☐ Other (Specify treatments follow up #3: _____)

Patient Readmitted Follow Up #3? ☐ Yes ☐ No ***If 'No', SKIP to Q: Final Outcome Indicator***

At this Follow Up #3 - Why Patient Readmitted [*Check all that apply*]:

Readmission Reason Follow Up #3	Yes	No	Unknown
Late thrombocytopenia (platelets <120 K/mm^3)	☐	☐	☐
Late hypofibrinogenemia (fibrinogen <170 mg/dL)	☐	☐	☐
Late coagulopathy (prothrombin time >15 sec)	☐	☐	☐
Bleeding	☐	☐	☐
Recurrent swelling	☐	☐	☐
Wound Infection	☐	☐	☐
Other specify	☐	☐	☐

Specify Other Reason Readmission Follow Up #3: _____

Follow Up #3: Treatment during this F/U #3 Readmission (Not Previously Entered for Late Bleeding or Serum Sickness):

☐ Yes ☐ No ***If 'No', SKIP to Q: Final Outcome Indicator***

If "Yes" Treatment Readmission F/U #3 – Indicate Additional Treatment Received during Readmission

☐ Antivenom
☐ Procedure
☐ Other Pharmaceutical Treatment
☐ Other Non-Pharmaceutical Treatment
☐ Unknown

FU #3 Readmission Antivenom Treatment – Indicate Reason

☐ Swelling (Specify Severity Below)
☐ Lab Abnormality (Specify Marker Below)
☐ Systematic (Specify Signs Below)
☐ Neurotoxicity (Specify Signs Below)
☐ Maintenance
☐ Other Reason (Specify: _____)
☐ Unknown

F/U #3 Readmission: Swelling Detail

☐ Swelling < 7 cm from bite ☐ Swelling > 100 cm from bite
☐ Swelling 7-50 cm from bite ☐ Swelling NOS
☐ Swelling 51-100 cm from bite

F/U #3 Readmission: Laboratory Abnormality

☐ Decrease in Platelets ☐ Decrease in Fibrinogen ☐ Rising PT
☐ Other abnormality (Specify:_____)

F/U #3 Readmission: Systemic Toxicity Detail

☐ Shock ☐ Hypotension ☐ Angioedema ☐ Vomiting ☐ Diarrhea
☐ Other systemic toxicity (Specify: _____)

F/U #3 Readmission: Neurotoxicity

☐ Fasciculation or myokymia ☐ Objective weakness
☐ Seizure ☐ Altered mental state

If Antivenom Treatment Readmission F/U #3 – Enter Vial Count

FU #3: Initial Number of Vials _____
FU #3: Additional Vials _____
FU #3: Total Number of Vials _____

If Antivenom Treatment Readmission F/U #3 – Indicate Type of Antivenom Treatment

☐ CroFab ☐ Fab2 Antivenom/Anavip ☐ Both CroFab and Anavip
☐ Other type of antivenom (Incl RCT-related AV) (Specify: _____)
☐ Unknown

If both CroFab and Anavip given, why was the type of antivenom changed during treatment?

☐ Different AV used at the outside hospital (transferred, but OSH carried different AV)
☐ Patient was not responding to initial AV choice (nonresponse)
☐ Allergic reaction to initial AV choice
☐ Supply of initial AV ran out

☐ Other reason for AV change (Specify:_____)
☐ Unknown reason for change

F/U #3 Readmission: Procedure(s) Performed [***Check all that apply***]

☐ Debridement bullae
☐ Dermotomy
☐ Fasciotomy
☐ Incision and drainage of wound
☐ Incision and drainage of abscess
☐ Other (Specify procedure type: _____)

F/U #3 Readmission: Procedure(s) Location [*Check all that apply*]

☐ Digit
☐ Upper Extremity
☐ Lower Extremity
☐ Other (Specify location: _____)

F/U #3 Readmission: Procedure(s) Surgery: Time-since-Bite (Hours) _____

F/U #3 Readmission: Specify Pharmaceutical Treatment Detail: _____
_____

F/U #3 Readmission: Specify Non-Pharmaceutical Treatment Detail: _____
_____

Is this the final follow up? (Follow Up #3):
☐ Yes ***If 'Yes', SKIP to Final Outcome***
☐ No ***If 'No', Continue to Follow Up >#3***

ADDITIONAL FOLLOW UP DETAIL

Enter count of additional follow up visits beyond follow up #3: _____

Follow up >#3: Enter summary lab/clinical information of interest, particularly any hematologic recurrence(s) or readmissions:
_____
_____
_____

FINAL OUTCOME

Did the patient die? ☐ Yes ☐ No

Final number of days since bite: .

(Definition: ***Equals number of days to last follow up or day of initial release if initially patient lost to follow up)***

Was this case considered a 'dry bite'? ☐ Yes ☐ No

Were any of the following conditions noted any time after the initial hospitalization? (*Check all that apply*)

[***Note: Hematologic recurrence requires confirmation by laboratory measures – in contrast to 'late bleeding']***

- ☐ Late thrombocytopenia (platelets < 120 K/mm3)
- ☐ Late coagulopathy (prothrombin time >15 sec)
- ☐ Late hypofibrinogenemia (fibrinogen < 170 mg/dL)
- ☐ Infection
- ☐ None Listed

If infection, were antibiotics started?

☐ Yes ☐ No ☐ Unknown

If infection, which antibiotic was given?

- ☐ Amoxicillin
- ☐ Amoxicillin/clavulanate (Augmentin)
- ☐ Cephalexin (Keflex)
- ☐ Cefuroxime (Ceftin)
- ☐ Clindamycin
- ☐ Doxycycline
- ☐ Trimethoprim/sulfamethoxazole (Bactrim)
- ☐ Other (Specify antibiotic:_____

If infection, was a wound culture performed?

☐ Yes ☐ No ☐ Unknown

If infection, was a procedure performed?

☐ Yes ☐ No ☐ Unknown

If procedure was performed either as an outpatient or inpatient, what type of procedure?

- ☐ Incision and drainage of abscess
- ☐ Wound debridement
- ☐ Other (Specify procedure:_____

At final follow up (or day of initial release if lost to follow up),

Was residual functional deficit present? ☐ Yes ☐ No

What residual functional deficit?

- ☐ Loss of mobility in digit
- ☐ Loss of mobility in hand or foot
- ☐ Loss of mobility in knee or elbow

Was permanent tissue loss present? ☐ Yes ☐ No

What permanent tissue loss? ☐ Loss of tissue requiring skin graft ☐ Amputation of digit

☐ Other (Specify degree of permanent tissue loss:)

Additional important or summary information related to final patient outcomes: _____

Any other unique or important information, if any, or brief summary of case: _____

Please specify name(s) of the treating toxicologist(s): _____

Case completed? ☐ Yes ☐ No