

UMC Health System SNAKEBITE PLAN - Phase: .	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Patient Care

Snakebite Assessment Scale
 Perform SAS 1 hour after each antivenin (Crotalidae) polyvalent infusion. Document and notify physician of current and previous score along with if patient states feeling better, same, or worse than before dose.

Vital Signs
 Per Unit Standards

Perform Neurovascular Checks
 q1h q2h
 q4h

Patient Activity
 Bedrest Bedrest | Bathroom Privileges
 Bedrest | Up to Bedside Commode Only Up Ad Lib/Activity as Tolerated | Assist as Needed

Daily Weight

Strict Intake and Output
 q1h q2h
 q4h Per Unit Standards

Measure Patient
 q2h, and after each dose of antivenin (Crotalidae) polyvalent infusion. Measure affected extremity circumference and mark erythema and envenomation site.

Elevate Extremity

Wound Care by Bedside Nursing

Communication

Notify Nurse (DO NOT USE FOR MEDS)
 Mark erythema, envenomation site and measure extremity every 2 hours and after each dose of antivenin (Crotalidae) polyvalent infusion.

Notify Nurse (DO NOT USE FOR MEDS)
 Order STAT PT, PTT with INR, fibrinogen and CBC to be done 1 hour after each antivenin (Crotalidae) polyvalent infusion.

Notify Provider (Misc)
 Reason: For reassessment of envenomation status 1 hour after EACH infusion is complete. Report the current and previous SAS score and if patient states feeling better, same, or worse than before dose.

Notify Provider (Misc)
 Reason: Nausea, vomiting, acute reaction, or worsening of SAS during infusion.

Notify Provider/Primary Team of Pt Admit
 Upon Arrival to Floor/Unit Now
 In AM

Dietary

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ORDER	ORDER DETAILS
	<p>NPO Diet</p> <p><input type="checkbox"/> NPO <input type="checkbox"/> NPO, Except Meds</p> <p><input type="checkbox"/> NPO, Except Ice Chips <input type="checkbox"/> NPO, Except Meds, Except Ice Chips</p>
	<p>Oral Diet</p> <p><input type="checkbox"/> Regular Diet <input type="checkbox"/> Renal (Dialysis) Diet</p> <p><input type="checkbox"/> Renal (Non-Dialysis) Diet <input type="checkbox"/> Heart Healthy Diet</p> <p><input type="checkbox"/> Heart Healthy Diet, Advance as tolerated to Carbohydrate Controlled (1600 calories)</p> <p><input type="checkbox"/> Heart Healthy Diet, Advance as tolerated to Carbohydrate Controlled (2000 calories)</p> <p><input type="checkbox"/> Carbohydrate Controlled (1600 calories) Diet <input type="checkbox"/> Carbohydrate Controlled (2000 calories) Diet</p>
IV Solutions	
	<p>LR</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr</p> <p><input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr</p> <p><input type="checkbox"/> IV, mL/hr</p>
	<p>D5 1/2 NS + 20 mEq KCl/L</p> <p><input type="checkbox"/> IV, 75 mL/hr <input type="checkbox"/> IV, 100 mL/hr</p> <p><input type="checkbox"/> IV, 125 mL/hr <input type="checkbox"/> IV, 150 mL/hr</p> <p><input type="checkbox"/> IV, mL/hr</p>
Medications	
Medication sentences are per dose. You will need to calculate a total daily dose if needed.	
	<p>Snakebite Assessment Scale</p> <p><input type="checkbox"/> See Reference Text</p>
	<p>Antivenin (Crotalidae) Polyvalent adult and pediatric doses are equivalent and safe to use in patients greater than 12 months.</p> <p>Re-examine patient for treatment response within 1 hour of completion of antivenin infusion. If determined necessary, repeat antivenin dose until control of envenomation is achieved.</p> <p>***For MINIMAL Envenomation according to the SAS, proceed to maintenance dosing.***</p> <p>***For MODERATE Envenomation according to the SAS***</p> <p>antivenin (Crotalidae) polyvalent</p> <p><input type="checkbox"/> 6 vial, IVPB, ivpb, ONE TIME, Infuse over 1 hr Start infusion at 50 mL/hr x10 min. If no allergic reaction observed, increase to 250 mL/hr to finish dose.</p>
	<p>***For SEVERE Envenomation according to the SAS***</p> <p>antivenin (Crotalidae) polyvalent</p> <p><input type="checkbox"/> 8 vial, IVPB, ivpb, ONE TIME, Infuse over 1 hr Start infusion at 50 mL/hr x10 min. If no allergic reaction observed, increase to 250 mL/hr to finish dose.</p>
	<p>diphenhydrAMINE</p> <p><input type="checkbox"/> 25 mg, IVPush, inj, q6h, PRN allergy symptoms <input type="checkbox"/> 50 mg, IVPush, inj, q6h, PRN allergy symptoms</p>
	<p>diphenhydrAMINE (diphenhydrAMINE pediatric)</p> <p><input type="checkbox"/> 0.5 mg/kg, IVPush, inj, q4h, PRN allergy symptoms Recommended maximum pediatric dose is 50 mg</p> <p><input type="checkbox"/> 1 mg/kg, IVPush, inj, q4h, PRN allergy symptoms Recommended maximum pediatric dose is 50 mg</p>

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	EPINEPHrine (EPINEPHrine 0.1 mg/mL injectable solution) <input type="checkbox"/> 0.1 mg, IVPush, syringe, q10min, PRN anaphylaxis
	EPINEPHrine (EPINEPHrine pediatric) <input type="checkbox"/> 0.01 mg/kg, IVPush, inj, q5min, PRN anaphylaxis Recommended maximum pediatric dose is 0.5 mg every 5-15 minutes
	methylPREDNISolone <input type="checkbox"/> 125 mg, IVPush, inj, ONE TIME, PRN allergy symptoms
	methylPREDNISolone (methylPREDNISolone pediatric) <input type="checkbox"/> 1 mg/kg, IVPush, inj, ONE TIME, PRN allergy symptoms Recommended maximum pediatric dose is 60 mg/24 hours <input type="checkbox"/> 2 mg/kg, IVPush, inj, ONE TIME, PRN allergy symptoms Recommended maximum pediatric dose is 60 mg/24 hours
	albuterol <input type="checkbox"/> 2.5 mg, inhalation, soln, q4h, PRN shortness of breath or wheezing
Wound Care	
	bacitracin-neomycin-polymyxin B topical (bacitracin-neomycin-polymyxin B 400 units-3.5 mg-5000 units/g topical ointment) <input type="checkbox"/> 1 app, topical, bulk topical, Daily, PRN wound care
	mupirocin topical (mupirocin 2% topical ointment) <input type="checkbox"/> 1 app, topical, oint, Daily, PRN wound care
Laboratory	
	CBC
	CBC with Differential
	Basic Metabolic Panel
	Comprehensive Metabolic Panel
	Magnesium Level
	Phosphorus Level
	Amylase Level
	Lipase Level
	Renal Function Panel
	Ionized Calcium Level
	Prothrombin Time with INR
	PTT
	Fibrinogen Level
Diagnostic Tests	
	EKG-12 Lead
Respiratory	

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	Respiratory Care Plan Guidelines
Physical Medicine and Rehab	
	Wound Evaluation and Treatment by PT Bur (Wound Evaluation and Treatment by PT Burn Wound/Skin Care Services)
	Consult PT Mobility for Eval & Treat
	Consult Occ Therapy for Eval & Treat
Consults/Referrals	
	Consult MD <input type="checkbox"/> Service: Orthopedics Surgery, for hand involvement

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