

# Snakebite Referral Letter

Referring centre .....

Referral date .....

Referring clinician .....

Dear Doctor,

Thank you for your ongoing care for this patient who has suffered a snakebite. The details of the bite and subsequent events are described below.

### Patient details:

Patient name ..... Date of birth ..... Gender  M  F

Home address .....

### Bite event:

Date of bite ..... Time of bite ..... Geographic location .....

Type of snake ..... Part of body bitten .....

Was snake brought in by patient?  No  Yes, but not kept  Yes, dead snake sent with patient

First aid used  Yes  No First aid type .....

Traditional treatment used and type .....

Date of arrival at health centre ..... Time of arrival .....

**Clinical assessment:** Blood pressure ..... Pulse rate ..... Temperature .....

- |  |  |   |                                |
|--|--|---|--------------------------------|
| <input type="checkbox"/> not known                   | <input type="checkbox"/> evidence of paralysis         | <input type="checkbox"/> renal angle pain or tenderness | <input type="checkbox"/> shock |
| <input type="checkbox"/> local swelling              | <input type="checkbox"/> non-clotting blood            | <input type="checkbox"/> heavy proteinuria              |                                |
| <input type="checkbox"/> rapid extension of swelling | <input type="checkbox"/> spontaneous systemic bleeding | <input type="checkbox"/> oliguria/anuria                |                                |
| <input type="checkbox"/> tender lymphadenopathy      | <input type="checkbox"/> bleeding from bite/incisions  | <input type="checkbox"/> pulmonary oedema               |                                |

### Clotting assessment:

Time test performed					
Test result (Clotting OR non clotting)					

### Treatment given:

Was antivenom (ASV) given?  Yes  No Type of antivenom  MPF  Other .....

Date antivenom given ..... Time antivenom given ..... No. of vials given MPF ..... Other .....

Intravenous fluids given (include type & volume): .....

Medications given (include drug name & dose): .....

Response, any complications and reason for transfer: .....

Signature: .....