

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: