Snake Bite Patient Data Entry Form - Peripheral Hospital

BHT Number :		**Date :**	
Patient Name :			
Age :		**Sex :**	Male / Female
Creature Observed :	Yes / No	**Weight :**	
Creature Identified :	Yes / No		
Type of Snake :	R viper / HN viper / SL krait / Common krait / Cobra / Other		
Snake Brought to Hospital :			
Length of the Snake :			
Bitten Date :		Bitten Time :	
Bite Site :			
Admission Date :		Admission Time :	
First Aid Given :	Bandage / Paththu / Bite site washed with soap		
	Given Paracetamol / Jewelry removed from the bite site		
	Other.....		

On Admission Examinations

BP		**Pulse Comments**	
Pupils		**RR**	
Clotting Test			

Details :							
Patient Conscious?	Yes	No	Not Rec	**GCS**			
Sweating?	Yes	No	Not Rec	**Diarrhea**	Yes	No	Not Rec
Vomiting?	Yes	No	Not Rec	**Weakness**	Yes	No	Not Rec

Hemorrhage			
	Yes	No	Not Rec
	Bleeding from bite site	Bleeding from Cannuala Site	Hematuria
	Gum bleeding	Bleeding in to Mucosa	Bleeding from any other site

Neurological Findings				
	Ptosis	Opthalmoplegia	Neck weakness	Other

Treatments Given

IV Line Inserted	Yes	No	Not Rec	**IV Fluids Given**	Yes	No	Not Rec
Hydrocortisone (pre-med)	Yes	No	Not Rec				
Adrenaline (pre-med)	Yes	No	Not Rec				
AVS	Bolus	Infusion	Not Given	**Amount**			
Normal Saline	Bolus	Infusion	Not Given	**Amount**			
Dextrose	Bolus	Infusion	Not Given	**Amount**			
Other IV Fluids	Bolus	Infusion	Not Given	**Amount**			

Other Treatments	
Reactions to Anti venom	Yes / No
Type of the Reaction	
Treatments Given	

Outcome		
Death	Date:	Time:
Discharged	Date:	Time:
Transferred	Hospital:	
	Date:	Time: