

## BHT Folio for Snakebite Patients - Rapid Assessment

### Details of Snakebite

Date of bite:

Time of Bite: .....am/pm

Place of bite: Home ☐ Paddy field ☐ Chena ☐ Road side ☐ Estate ☐  
Jungle ☐ Other (specify).....

Part of body bitten: Right ☐ Left ☐

Toes ☐ Foot ☐ Ankle ☐ Leg ☐ Thigh ☐  
Fingers ☐ Hand ☐ Forearm ☐ Arm ☐

Other (specify).....

Unnoticed bite: .....  
.....

### Medical / Surgical History of Patient

Co-morbidities:

.....  
.....

Medication:

.....  
.....

Allergic History:

.....  
.....

(If an in transfer)

Indication for transfer:

.....  
.....

Treatment given at local hospital:

.....  
.....  
.....  
.....  
.....

## Identification of offending snake

Snake examined and identified by doctor **in this** hospital

### If Yes:

Specimen identification

Russell's viper ☐ Cobra ☐ Hump-nosed viper ☐ Common krait ☐ Saw-scaled viper ☐

Other venomous.....

Other non-venomous .....

### If No:

***Snake examined and identified by doctor in another hospital***

#### ***If yes:***

What is the identification.....

#### ***If no:***

Snake was identified only by patient / observer using photo match:

If So, identity of the snake.....

Identification based on history/ observation

If So, identity of the snake .....

## Patient's activities at the time of bite

Harvesting ☐ Cultivation ☐ Sleeping ☐ Walking ☐

Other (specify).....

## First aids given

.....

.....

.....

.....

.....

## BHT Folio for Snakebite Patients - Investigations

**WBCT- 20(Whole Blood Clotting Test):**

| Number of test  | Date | Time | Reading |
|-----------------|------|------|---------|
| 1 <sup>st</sup> |      |      |         |
| 2 <sup>nd</sup> |      |      |         |
| 3 <sup>rd</sup> |      |      |         |
| 4 <sup>th</sup> |      |      |         |

**Other Investigations and results (Include the date / time):**

1.....

2. ....

3. ....

4. ....

5. ....

6. ....

7.....

8.....

## BHT Folio for Snakebite Patients – Monitoring

| Clinical features:                     | Time/Date of Assessments |  |  |  |  |  |  |  |
|----------------------------------------|--------------------------|--|--|--|--|--|--|--|
|                                        | On Adm.                  |  |  |  |  |  |  |  |
| <b>General:</b>                        |                          |  |  |  |  |  |  |  |
| Abdominal pain                         |                          |  |  |  |  |  |  |  |
| Chest pain                             |                          |  |  |  |  |  |  |  |
| Vomiting                               |                          |  |  |  |  |  |  |  |
| Difficulty in breathing                |                          |  |  |  |  |  |  |  |
| Headache                               |                          |  |  |  |  |  |  |  |
| Muscle cramps                          |                          |  |  |  |  |  |  |  |
| Myalgia                                |                          |  |  |  |  |  |  |  |
| Other                                  |                          |  |  |  |  |  |  |  |
| <b>Local:</b>                          |                          |  |  |  |  |  |  |  |
| Pain                                   |                          |  |  |  |  |  |  |  |
| Fang marks                             |                          |  |  |  |  |  |  |  |
| Swelling                               |                          |  |  |  |  |  |  |  |
| Blistering                             |                          |  |  |  |  |  |  |  |
| Necrosis                               |                          |  |  |  |  |  |  |  |
| Discolouration                         |                          |  |  |  |  |  |  |  |
| <b>Coagulopathy:</b>                   |                          |  |  |  |  |  |  |  |
| Bleeding at bite - site                |                          |  |  |  |  |  |  |  |
| Mucosal bleeding                       |                          |  |  |  |  |  |  |  |
| GI - bleeding                          |                          |  |  |  |  |  |  |  |
| <b>Neurotoxicity:</b>                  |                          |  |  |  |  |  |  |  |
| Ptosis                                 |                          |  |  |  |  |  |  |  |
| Double vision                          |                          |  |  |  |  |  |  |  |
| Eye muscle weakness                    |                          |  |  |  |  |  |  |  |
| Weak neck flexion                      |                          |  |  |  |  |  |  |  |
| Limb muscle weakness                   |                          |  |  |  |  |  |  |  |
| Dysphagia                              |                          |  |  |  |  |  |  |  |
| Loss of consciousness<br>(N/D/C/SC/UC) |                          |  |  |  |  |  |  |  |
| <b>Abdomen:</b>                        |                          |  |  |  |  |  |  |  |
| Abdo (N/soft/distended)                |                          |  |  |  |  |  |  |  |
| Bowel sounds(+/-)                      |                          |  |  |  |  |  |  |  |

| Essential monitoring |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|
| Pulse rate           |  |  |  |  |  |  |  |
| Blood pressure       |  |  |  |  |  |  |  |
| Respiratory rate     |  |  |  |  |  |  |  |
| Tidal volume         |  |  |  |  |  |  |  |
| Urine output         |  |  |  |  |  |  |  |
| Input                |  |  |  |  |  |  |  |

## BHT Folio for Snakebite Patients – Antivenom Treatment

(Please Fill Separate Forms For Each Episode of Antivenom Infusion)

**Date/Time:**

**Indication/s for antivenom:**

Neurotoxicity ☐ Coagulopathy ☐ Local effects ☐

other (specify).....

**Number of vials:** .....

**Manufacturer / Batch No of vials:**

.....

**Body Weight: (If a child)**

**Fluid Volume:** .....

.....

**Date/Time of Starting Infusion:**

.....

**Reaction to antivenom:**

|                                      |                                        |                                                |                                                   |
|--------------------------------------|----------------------------------------|------------------------------------------------|---------------------------------------------------|
| No reaction <input type="checkbox"/> | Mild reaction <input type="checkbox"/> | Moderate reaction <input type="checkbox"/>     | Severe reaction <input type="checkbox"/>          |
|                                      | (Only cutaneous allergy)               | (Mild drop of blood pressure and bronchospasm) | (Severe anaphylaxis with low BP and bronchospasm) |

**Management of reaction:**

.....

.....

.....

.....

**Date/Time of Completing/Terminating the Infusion:**

.....

.....

## BHT Folio for Snakebite Patients – Data Collection

### Patient's details:

Pre-School ☐ Schooling ☐ Higher-Education ☐ Unemployed ☐ Farmer (Fulltime) ☐  
Farmer (Part Time) ☐ Other (specify).....

### Level of education:

Grade <5 ☐ Grade 5-11 ☐ AL ☐ Tertiary education ☐

### Outcome/ Remarks:

Recovered ☐ Date of discharge .....

Transfer ☐ Date/Time .....

Reason .....  
.....

Death ☐ Date/Time .....

Cause of Death .....

