



## COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

### Mangum Regional Medical Center

TITLE		POLICY
Crofab® Protocol		DRP-004
MANUAL	EFFECTIVE DATE	REVIEW DATE
Drug Room	10-1-2020	10-1-2020
DEPARTMENT	REFERENCE	
Drug Room	<a href="https://crofab.com/">https://crofab.com/</a>	

### SCOPE

This protocol applies to all patients at Mangum Regional Medical Center for the acute management of envenomation due to a snake bite.

### PURPOSE

The purpose of this protocol is to assist with optimizing the treatment plan for envenomation from a snake bite and providing guidelines for the administration of Crofab® to treat envenomation.

### DEFINITION

Envenomation: process by which venom is injected by the bite or sting of a venomous animal.

### POLICY

Mangum Regional Medical Center shall have available 2 doses of Crofab® for snake envenomation. Any medication vial(s) close to expiration will be returned to the manufacturer for credit and new vial(s) will be replenished by the manufacturer.

### PROCEDURE

Assess the Patient:

1. Mark leading edges of swelling and tenderness every 15-30 minutes
2. Immobilize and elevate extremity
3. Treat pain (IV opioids preferred)
4. Obtain initial lab studies (prothrombin time, CBC, CMP, fibrinogen)
5. Update Tetanus vaccine patient history
6. Contact Poison Control (1-800-222-1222)

Check for signs of envenomation:

1. Swelling, tenderness, redness, ecchymosis, or blebs at the site
2. Elevated prothrombin time, decreased fibrinogen or platelets
3. Systemic signs, such as hypotension, bleeding beyond the puncture site, refractory vomiting, diarrhea, angioedema, neurotoxicity

If none of these signs are present it is an apparent dry bite/no bite. For this you do the following:

1. DO NOT administer Crofab<sup>®</sup>
2. Observe patient for up to 8 hours
3. Repeat labs prior to discharge
4. If patient develops signs of envenomation proceed to next step

Check for Progression of Clinical Effects:

1. Swelling that is more than minimal and that is progressing
2. Elevated prothrombin time, decreased fibrinogen or platelets
3. Any systemic signs

For minor apparent Envenomation:

1. DO NOT administer Crofab<sup>®</sup>
2. Observe patient 12-24 hours
3. Repeat labs at 4-6 hours and prior to discharge
4. If patient develops progression of any signs of envenomation proceed to next step

For significant apparent Envenomation:

1. Establish IV access and give IV fluids
2. Administer Crofab<sup>®</sup> **UNLESS** patient a known hypersensitivity to papaya or papain
  - a. Pediatric Crofab<sup>®</sup> dose = adult dose
  - b. Reconstitute each vial with 18mL of 0.9% Normal Saline and mix by gentle manual inversion. **Do NOT shake the vials.**
3. Dilute reconstituted Crofab<sup>®</sup> vials in a Normal Saline 250ml bag
  - a. Initiate infusion at 25mL/Hr for the first 10 minutes assessing for any possible allergic reaction, hypersensitivity reaction
  - b. If no infusion related reaction occurs in the first 10 minutes, infusion rate may be increased to 250mL/Hr
4. Initiate transfer immediately

Post Discharge Planning for Non-Venomous bite or Ruled-out Envenomation:

1. Instruct patient to return for; worsening swelling that is not relieved by elevation, experiences abnormal bleeding(e.g., gums, easy bruising, melena et cetera)
2. Instruct patient where to seek care if symptoms of serum sickness develop (fever, rash, muscle/joint pain)
3. Bleeding precautions; no contact sports, elective surgery, or dental work for 2 weeks in patients with rattlesnake envenomation, or abnormal prothrombin time, fibrinogen, or platelet count

**REFERENCES**

<https://crofab.com/>

**ATTACHMENTS**

None.

**REVISIONS/UPDATES**

<b>Date</b>	<b>Brief Description of Revision/Change</b>