

The equine IgG Fab is the definitive treatment of envenoming by brown snakes (*Pseudonaja spp.*) in Australia

## **Indications**

*Clinical and/or laboratory evidence of envenoming:*

***See separate Snakebite Guideline***

Choice and timing of AV administration should be discussed early with a clinical toxicologist

*If decision is made to give AV, administer as early as possible*

## **Contraindications:**

Nil absolute

## **Adverse effects:**

### **- Anaphylaxis**

Cease AV immediately, give oxygen and rapid IV fluid 1L (20ml/kg in children) if hypotensive.

Give IM adrenaline 0.01 mg/kg (max 0.5 mg)

Severe anaphylaxis may require adrenaline infusion-titrate to response

### **- Serum sickness**

May occur 4-14 days after AV

Fever, rash, myalgias, arthralgias – usually self-limiting

Prednisolone: 25-50 mg (1mg/kg up to 25 mg in children) daily for 5-7 days to ameliorate symptoms

## **Presentation**

- 1 vial contains 1000 units BrSAV

## **Dose and Administration**

- Patient needs to be in a monitored area equipped for management of potential anaphylaxis
- Dilute 1 vial of BrSAV in 100 mL normal saline (1:10 dilution) and administer IV over 15-30 minutes (in patients at risk of fluid overload e.g. small children, dilute antivenom 1:5)
- Any pressure bandage should be released towards the end of the infusion of antivenom

**NB: Can be given as a rapid push in the event of cardiac arrest**

***1 vial of Brown and 1 vial of Tiger Snake antivenom can be administered concurrently in 100mL normal saline if clinically indicated***

- Doses of BrSAV are the same for both adults and children
- Premedication with adrenaline is not recommended prior to AV administration in Australia

## **Therapeutic Endpoint:**

- Overwhelming majority of patients only require 1 vial to neutralize all circulating venom
- VICC resolves within 24-36 h and further doses of antivenom **do not** influence this time course

## **Pregnancy:**

- No contraindication