

The efficacy of RBSAV has been questioned and use has become controversial. Use of RBS AV should be discussed with a clinical toxicologist.

If administration of RBS AV is considered:

The patient must be fully aware of the **risk/benefit** of RBSAV as the condition is NOT life threatening & self-resolving

Possible indication: (discuss with Clinical Toxicologist)

- **Intractable** pain not responding to parenteral analgesia
- Debilitating systemic effects (eg. sweating, priapism)

Absolute contraindications:

- There is a questionable history or atypical clinical features
- Pain is adequately controlled with analgesics
- Previous allergic reaction to RBSAV or known horse allergy

Adverse effects:

Allergic reaction (< 5%) - Anaphylaxis is rare

Cease AV immediately

Give IM epinephrine 0.01 mg/kg (max 0.5 mg) for anaphylaxis

Give oxygen and rapid IV fluid 20 mL/kg if hypotensive

Serum sickness - *Fever, rash, myalgias, arthralgias* (< 10%)

May occur within 14 days after AV and is usually self-limiting

Prednisolone: 25 mg (1mg/kg up to 25 mg in children) daily for five days may ameliorate symptoms

Presentation

- 1 vial contains 500 units of antivenom in aqueous solution

Dose and Administration

- Patient needs to be in a monitored area equipped for management of potential anaphylaxis.
- Premedication with epinephrine to prevent adverse reactions is not routinely recommended.
- The dose of RBS AV is the same for children as in adults.
- **Dilute 2 vials of RBS AV in 100 mL normal saline (1:10 dilution) and administer IV over 20 minutes**
 - In adults with compromised cardiac function use 1:5 dilution to avoid fluid overload
 - In small children do not exceed total volume of 10 mL/kg to avoid fluid overload
- Although RBSAV can be given via IM route, the IV route is preferred
- If given IM, inject each vial undiluted.

Therapeutic Endpoint:

- Response is variable (and questionable)
- Re-dosing, regardless of effect, is not recommended

Pregnancy:

- Risks and benefits need to be considered but pregnancy is not an absolute contraindication