

The equine IgG Fab is the definitive treatment of envenoming by tiger snake, *red-bellied black snake*, *Hoplocephalus spp.* and rough-scaled snake 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 3000 units TSAV

Dose and Administration

- Patient needs to be in a monitored area equipped for management of potential anaphylaxis

- Dilute 1 vial of TSAV 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 TSAV 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