Redback Spider Antivenom (RBS AV)

The efficacy of RBSAV has been questioned. Consideration of RBS AV administration should be based around a patient-doctor shared discussion.

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

<u>Possible indication: (discuss with Clinical Toxicologist)</u>

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

<u>Absolute contraindications:</u>

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

<u>Adverse effects:</u>

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 **intravenously 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

- Response to AV therapy is variable
- Further dosing beyond two vials of RBS AV is not indicated

Pregnancy:

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