

remains to be seen if this bears any clinical significance. At this time, there is insufficient evidence to suggest routine use of TEG. Electrocardiography and chest radiography may be helpful in severe envenomations or when there is significant comorbidity. After antivenom therapy (see below), laboratory values should be rechecked every 6 h until clinical stability is achieved.

The mainstay of treatment of a venomous snakebite resulting in significant envenomation is prompt administration of specific antivenom. Antivenoms are produced by injecting animals (generally horses or sheep) with venoms from medically important snakes. Once the stock animals develop antibodies to the venoms, their serum is harvested and the antibodies are isolated for antivenom preparation. The goal of antivenom administration is to allow antibodies (or antibody fragments) to bind and deactivate circulating venom components before they can attach to target tissues and cause deleterious effects. Antivenoms may be monospecific (directed against a particular snake species) or polyspecific (covering several species in a geographic region). Unless the species are known to have homologous venoms, antivenoms rarely offer cross-protection against snake species other than those used in their production. Thus, antivenom selection must be specific for the offending snake; if the antivenom chosen does not contain antibodies to that snake's venom components, it will provide no benefit and may lead to unnecessary complications (see below). In the United States, assistance in finding appropriate antivenom can be obtained from a regional poison control center, which can be reached by telephone 24 h a day at (800) 222-1222.

For victims of bites by viperids or cytotoxic elapids, indications for antivenom administration include significant progressive local findings (e.g., soft-tissue swelling that crosses a joint, involves more than half the bitten limb, or is rapidly spreading; extensive blistering or bruising; severe pain) and any evidence of systemic envenomation (e.g., systemic symptoms or signs, laboratory abnormalities). Caution must be used when determining the significance of isolated pain or soft-tissue swelling after the bite of an unidentified snake because the saliva of some relatively harmless species can cause mild discomfort or edema at the bite