

SOURCE: Shibendu Ghosh, Prabuddha Mukhopadhyay. Management of snake bites in India. Chapter 113, API India.

The first aid being currently recommended is based around the mnemonic.

“**CARRY NO R.I.G.H.T.**” It consists of the following: PSM Simplified By Dr Mukhmohit
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CARRY = Do not allow victim to walk even for a short distance; just carry him in any form, especially when bite is at leg.

No - Tourniquet

No - Electrotherapy

No - Cutting

No - Pressure immobilization Nitric oxide donor (Nitrogenic ointment/ Nitrate Spray)

R = Reassure the patient.

70% of all snakebites are from non-venomous species. Only 50% of bites by venomous species actually envenomate the patient.

I = Immobilize in the same way as a fractured limb.

Use bandages or cloth to hold the splints, not to block the blood supply or apply pressure.

Do not apply any compression in the form of tight ligatures, they don't work and can be dangerous!

G H = Get to Hospital Immediately.

Traditional remedies have NO PROVEN benefit in treating snakebite.

T = Tell the Doctor

of any systemic symptoms that manifest on the way of hospital. Do not waste time for doing the first aid management.

Traditional Methods to Be Discarded

Why Tourniquets are NOT recommended? they have higher risk of:

- Risk of Ischemia and loss of the limb.
- Increased Risk of Necrosis with 4/5 of the medically significant snakes of India.
- Increased risk of massive neurotoxic blockade when tourniquet is released.
- Risk of embolism if used in viper bites. Pro-coagulant enzymes will cause clotting in distal blood. In addition, the effect of the venom in causing vasodilatation presents the danger of massive hypotension and neuromuscular paralysis when the tourniquet is released.

