



FOR THE USE ONLY OF A REGISTERED MEDICAL PRACTITIONER OR A HOSPITAL OR A LABORATORY.

ASVS -ASIA

SNAKE VENOM ANTISERUM I.P

CAUTION: Snake bite may cause severe tissue damage or fatal envenomation or both. The physician responsible for treatment of the envenomated patient should be familiar with the contents of this pack insert and the medical literature concerning current concepts of first aid and general supportive therapy.

COMPOSITION:

Snake Venom Antiserum (Polyvalent) is a refined and concentrated preparation of serum globulins obtained by fractionating blood from healthy hyperimmunized horses. Each ml of ASVS neutralizes not less than the following quantities of standard venom tested in mice by intravenous route.

Cobre (Naja naja).....	0.6mg
Common krait (Bungarus caeruleus).....	0.45mg
Russell's viper (Vipera russelli).....	0.6mg
Saw scaled viper (Echis carinatus).....	0.45mg

Phenol 0.25% is added as a preservative.

INDICATIONS: Snake Venom Antiserum is indicated only for the treatment of envenomation caused by bites of the snakes specified above.

DOSAGE & ADMINISTRATION:

Dosage: Varies with the degree of envenomation.

Minimal Envenomation – Progressive local swelling but no systemic symptoms -5 vials (50ml) recommended.

Moderate Envenomation – Swelling beyond the site of the bite, with mild systemic symptoms, and/or hematologic, coagulation abnormalities present-5 to 10 vials (50 to 100ml) recommended.

Severe Envenomation – Rapidly progressive and extensive local effects, systemic symptoms and evidence of hemolysis or coagulopathy- 10 to 20 vials (100 – 200ml) or more recommended.

For children and small adults (body weight less than 40kg) upto 50% more dose of Snake Venom Antiserum is recommended.



Administration: Snake Venom Antiserum is administered intravenously either undiluted at the rate of not more than 1ml per minute or is diluted in 500ml of intravenous fluid (either Sodium Chloride injection or 5% Dextrose Injection) and administered as rapidly as tolerated over 1 – 2 hours. While diluting the Snake Venom Antiserum, mix by gentle swirling rather than shaking to avoid foaming. Additional infusions should be repeated hourly until progressive swelling in the bitten part ceases and systemic signs and symptoms disappear. When an adequate dosage is achieved, improvement in the patient's clinical signs are often seen. **IT IS NOT ADVISABLE TO INJECT SNAKE VENOM ANTISERUM AT THE LOCAL SITE OF THE BITE.**

PRECAUTIONS:

Before administration of any product prepared from horse serum, appropriate measures must be taken to detect the presence of dangerous sensitivity.

1. A careful review of the patient's history be made inclusive of any history of asthma, urticaria, other allergic manifestations,
2. Allergic reactions upon exposure to horses or of receiving injections of horse serum in the past.

A skin test is recommended to be performed in every patient prior to administration regardless of clinical history in order to detect hypersensitivity.

SKIN TEST – Give an intra-dermal injection of 0.02 to 0.03ml-1:10 dilution of Snake Venom Antiserum on the flexor surface of the forearm. A control test on the opposite extremity using Sodium Chloride Injection facilitates easy interpretation. A positive reaction to a skin test occurs within 5 to 30 minutes. The shorter the interval between the injection and the beginning of the skin reaction, the greater is the sensitivity. If the allergic history is negative and the result of the skin test is negative, proceed with administration of Snake Venom Antiserum.

With a positive history of allergy and with the skin test strongly positive, administration may be dangerous, especially if the positive sensitivity test is accompanied by systemic allergic manifestations. In such cases, the risk of administering Snake Venom Antiserum must be weighed against the risk of withholding it; keeping in mind that severe envenomation can be fatal.

With a negative history and a skin test that is mildly positive, ASVS administer as follows: Prepare in separate sterile syringes 1:100 and 1:10 dilutions of Snake Venom Antiserum. Using a tuberculin syringe inject subcutaneously- 0.1, 0.2 and 0.5ml of the 1:100 dilution at 15 minutes intervals: repeat the same with 1:10 dilutions and finally with undiluted. Snake Venom Antiserum.



If a systemic reaction occurs after any injection, place a tourniquet proximal to the site of injection and administer an appropriate dose of Epinephrine 1:1000, proximal to the tourniquet or into another extremity. Wait for 30 minutes before injecting another dose. If no reaction occurs after 0.5ml of undiluted Snake Venom Antiserum has been administered switch to the intramuscular route and continue doubling the dose at 15 minutes intervals until the entire dose has been injected intramuscularly.

Wingert and Wainschel have described a procedure based on the experience of their group which they have used in some severely envenomated patients who have positive sensitivity tests – 50 to 100mg of diphenhydramine hydrochloride is given intravenously, followed by slow intravenous infusion of diluted Snake Venom Antiserum for 15 to 20 minutes while carefully observing the patient for symptoms and signs of anaphylaxis. If anaphylaxis does not occur, Snake Venom Antiserum is continued, while maintaining close observation of the patient. Patients who develop signs of impending anaphylaxis in spite of this or the procedure described earlier but require Snake Venom Antiserum present difficult problem and consultation should be sought.

Systemic reactions –

a) Immediate reaction (shock & anaphylaxis) - usually occurs within 30 minutes. Symptoms and signs may develop before the needle is withdrawn and include urticaria, edema of the face, tongue and throat, cough, dyspnea, cyanosis, vomiting and collapse.

b) Serum sickness usually occurs 5 to 24 days after administration. The incubation period may be less than 5 days in those who have received horse serum containing preparations in the past. The usual symptoms and signs are fever, urticaria, edema, nausea and vomiting. Occasionally neurological manifestations develop. Pain and muscle weakness are frequently present.

STORAGE:

Store at 20⁰C -80⁰C. Do not freeze.

PRESENTATION:

Vials containing 10ml of Snake Venom Antiserum.



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BHARAT SERUMS & VACCINES LTD.

Road No. 27, Wagle Estate Thane – 400 604.



FIRST AID INFORMATION IN SNAKE BITE EMERGENCY

WHAT TO DO:

1. Allow the bite to bleed freely for 1 – 2 minutes.
2. Using a disinfectant thoroughly clean the wound if possible.
3. Apply hard direct pressure with gauze pad over the bite area.
4. Strap pad lightly in place with adhesive tape.
5. Remove tight clothing, shoes, watch or rings.
6. Keep affected extremity as close to heart level as possible.
7. Immobilize affected part, if possible use a splint.
8. Give plenty of reassurance to the victim.
9. Transport to medical facility as quickly as possible.

WHAT NOT TO DO:

1. Do not use ice or any other type of cooling agent on the bite
2. Do not apply tourniquets.
3. Do not make incisions in the wound.
4. Do not apply electric shock.
5. Do not give anything to eat or drink.



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