

Snake Bite

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For those of you that travel with horses into Eastern Washington or other parts of the country where rattlesnakes are prevalent, a little knowledge and preparedness is a good thing. Rattlesnakes tend to be more active in warmer temperatures and the heat of the day. Rattlesnake encounters are less common on early season rides. For the most part snakes want to be left alone and will leave if given the chance. Most human bites are not accidental and are a result of human approach or handling. Horses too can be curious, but may also accidentally stumble across snakes when hobbled or tied. When riding if you stay on trails snakes are less likely to be obscured by brush and noticed before they are stumbled upon. Snakes supposedly can't strike more than one-half their length. The average Washington rattlesnake is only 1-2 feet long, typically maxing out at 4 feet, so if not approached, they are unlikely able to strike from a distance.

The majority of snakebites in horses are either on the face or lower leg. Most bites are not witnessed or detected immediately. Typically the swelling from the bite may be the first sign noticed. The punctures or fang marks may never be located. Thankfully 25 % of rattlesnake bites are dry, meaning there is no injection of venom. However, the possibility of infection from the punctures is still possible. An immediately fatal dose of venom for a horse is not likely, due to their large body mass. The typical result of venom injection is local digestion and destruction of tissue. This results in severe swelling and later tissue and skin slough. For leg bites this can be problematic if there is tissue damage that extends to joint or tendon. For face or muzzle bites the immediate threat is swelling that can obstruct the nasal passages and make breathing' difficult or cause asphyxiation. Tissue slough is also a problem and often results in the need for long term wound care.

Older first aid measures that cannot be recommended are tourniquets, incision or suction devices. Tourniquets may further compound the local tissue destruction by restricting blood flow. Incision or suctioning is ineffective in retrieving venom. For leg bites a padded lower leg bandage is recommended to minimize excessive swelling, it may also limit venom spread, without the tourniquet effect. For face bites with excessive nasal passage swelling and difficulty breathing, passing a length of lubricated garden hose up each nostril may provide a sufficient airway. In either case plans for evacuating the horse and seeking veterinary attention should be made. It is important to stay calm and keep the horse calm. If in the backcountry, walk the horse out slowly. Running or excitement will raise blood pressure and may increase the spread of venom. If there is a limited airway, this will be aggravated if the horse is made to move too quickly.

Veterinary care will typically consist of supportive care, antimicrobials, airway establishment if necessary and typically wound care dictated by the tissue slough in the following days to weeks. Antivenom has not been practical in horses, it is of questionable effectiveness, is not readily available in sufficient quantity and is typically cost prohibitive. So enjoy these hot dry days in the backcountry, make sure you have bandaging supplies in your first aid kit. You're more likely to need them for wounds, but

will have them if needed for a snakebite on the leg. And add a couple of 12-18 inch pieces of smooth ended garden hose to your kit.

And for the human members of your party:

A rattlesnake bite seldom delivers enough venom to kill a human, although painful swelling and discoloration may occur. However, all rattlesnake bites should be considered life threatening. When someone has been bitten, time is of the essence. If possible, call ahead to the emergency room so anti-venom can be ready when the victim arrives.

If a rattlesnake bites a person, do the following:

- Keep the victim calm, restrict movement, and keep the affected area below the heart level to reduce flow of venom toward the heart.
- Wash the bite area with soap and water.
- Remove any rings or constricting items; the affected area will swell.
- Cover the bite with a clean, moist dressing to reduce swelling and discomfort.
- Shock is responsible for more snakebite deaths than the actual venom is. To treat for shock, keep the victim quiet and maintain his or her body temperature. If the victim is cold, wrap them in a blanket; if hot, cool them off by fanning.
- Get medical help immediately.

Things not to do:

- Do not allow the person to engage in physical activity such as walking or running. Carry the victim if they need to be moved.
- Do not cut or suck the wound, do not apply ice or cold packs to the wound, and never use a tourniquet.
- Do not give the victim stimulants or pain medications, unless instructed by a physician.
- Do not give the victim anything by mouth.
- Do not raise the bite area above the level of the victim's heart.