

First Aid Treatment for Snake Bites

Carry out the medical immediate action

- D Look for danger (make sure the snake is not nearby)
- R Check response from the victim
- A Examine the victims airway
- B Look, Listen & Feel for breathing
- C Check the victims circulation

Ensure the patient is resting & reassure the patient

DO NOT wash the bitten area as it is sometimes possible to identify the snake from venom left on the skin

Apply the pressure immobilization method (PIM)

Step 1. Circle the bite site

Step 2 . Apply pressure immobilization over the bitten area and around the limb

using a bandage about 15 cm wide

Step 3. Apply it firmly enough to compress tissue but not enough to restrict blood flow below the bandage.

Step 4. Begin at the bite and bandage towards the fingers or toes, then up to the armpit or groin.

Step 5. Bandage as much of the limb as possible.

Step 6. Splint, or immobilize, the limb using a second bandage.

WARNING DO NOT remove the splint or bandages once on.

Get medical attention as soon as possible. if on your own, leave the patient and get assistance
If possible, let the hospital know of your arrival in advance as urgent treatment may be required as soon as the casualty gets there.

WARNING Applying a firm crepe bandage accompanied by immobilization of the limb is crucial in effectively reducing the spread of the venom

DO NOT remove PIM bandages or splint

DO NOT cut or suck the bitten area

DO NOT use an arterial tourniquet

DO NOT elevate the limb

DO NOT wash the bitten area

HOW TO APPLY THE PRESSURE IMMOBILIZATION METHOD (PIM)

STEP 1 - Circle the bite site.

STEP 2 - Apply pressure immobilization over the bitten area and around the limb using a bandage about 15 cm wide

Use pantyhose or other material if a bandage is not available

STEP 3 - Apply it firmly enough to compress tissue but not enough to restrict blood flow below the bandage.

STEP 4 - Begin at the bite and bandage towards the fingers or toes, then up to the armpit or groin.

STEP 5 - Bandage as much of the limb as possible.

STEP 6 - Splint, or immobilize, the limb using a second bandage.

DO NOT remove the splint or bandages once on.

Some snakes found in Indonesia

Coral snake --- Ular Cabe

This rare burrowing snake only reaches a length of about 50 cm. His slim back body has a line down its length with yellow markings on the small, flat head the belly is black and white checkered. The tail has a red-orange tip like chili pepper or a 'cabe'. He is shy and usually unwilling to bite. The venom is neurotoxic.



Banded Krait -- Ular Welang and Ular Weling

Both the Malayan and the Banded Krait are black with yellow bands and may be from 1-2 meters in length. They are found in or near paddies and bamboo groves. If disturbed they jerk their body and attempt to hide their head in the coils of their body. Due to their small head, shyness, and reluctance to bite, the chances of a fatal bite is slim, unless one treads on the startled snake. Their neurotoxic bite causes little pain or swelling but can produce muscle weakness, loss of coordination and eventual respiratory paralysis.



King Cobra---Ular Raja

There are two species of cobra--- the king cobra, usually a resident of the paddies, and the Black Spitting Cobra, comfortable in semi-urban areas. Both are aggressive if disturbed. The Cobra is easily recognized when he rises and spreads his hood. The colors of the snake range from black to brown to olive. Both can reach a length of 4 meters. Only the Spitting Cobra, sometimes seen in Jakarta, can eject a spray of venom for several feet, aiming at the enemy's eyes. This can cause temporary blindness but can be removed with repeated rinsing with sterile water. The neurotoxic bite of either can cause pain and swelling with general muscle weakness following and eventual respiratory paralysis.

Blue Temple Viper

A tree snake whose bite is haematotoxic and indeed very dangerous. The affected limb of snake bite victim must be completely immobilized and a stretch bandage should be applied. The victim then needs to be transferred to the nearest hospital or emergency room for observation of signs of invenemation. We do not recommend to use antivenin, unless the patient is developing symptoms of invenemation, since most snake bites do not inject significant amounts of venom during a bite.

Manipulation of the wound, suction, squeezing, massage, cutting the skin or application of ointments or remedies only increases the absorption of the venom, and should never be attempted.



Toxic Caterpillars

Note: Not in the snake category, but just to make you aware, many varieties of caterpillars in Indonesia have an irritant in their fur. AVOID touching any caterpillars (*ulat bulu*), or the leaves which they crawl upon, in Indonesia as skin contact can result in swelling, welts and severe irritations.