

Merkblatt 6 - E

Antivipmyn - Mexico

Englisch

(Stand: 2003)

ANTIVIPMYN[®]

Polyvalent equine anti-viper serum

Injectable solution

INDICATIONS

For the treatment of snake bite poisoning, commonly known as:

- Echte Klapperschlangen (rattlesnake, *Crotalus*), hognose viper, tziripa, saye (*C. basiliscus*), cascabel, cascabel tropical (*C. durissus*), shunu, tzab-can, etc. (*Crotalus terrificus*).
- Caissaca, Nauyaca, cuatro narices, barba amarilla, terciopelo, equis, mapana, jararaca, toboba, cola de hueso, vibora de arbol, vibora verde, nauyaca real, nauyaca de frio, nauyaca chatilla, palanca, palanca lora, palanca loca, vibora sorda, tepoch, cornezuelo, nascacuatl, torito, chac-can, etc. (*Bothrops atrox*).
- Cantil, Kupferkopf (copperhead, *A. contortrix*), Wassermokassin (cottonmouth, *A. piscivorus*), zolcuate, mocasin, cantil de agua, castellana, cumcoatl, metapil, puchucuate, volpoch, etc. (*Agkistrodon*).
- **Massasauga** o. Kettenklapperschlange (massasauga, *Sistrurus catenatus*), **Zwergklapperschlange** (pigmy rattlesnake, *Sistrurus miliarius*), cascabel de nueve placas (*Sistrurus*).

SNAKE VENOM CONSIDERATIONS

- The before mentioned snakes produces venom (toxin) which is harmful to man by producing a severe poisoning condition, which may lead to invalidating lesions and may even cause death.
 - **ANTIVIPMYN[®]** is a specific product for the neutralization of snake venom.
 - After a snake bite has occurred, at least one of the following symptoms should be present:
 - Fang marks.
 - Pain, redness, and inflammation around bite location, of variable intensity, which may even extend to the affected extremity.
 - Nausea and vomd,
 - Liquid, opalescent or sanguinolent, blisters.
 - Numbness around the mouth.
 - Hemorrhage of the bite orifices, mouth, nose, or anus, of variable intensity.
 - Presence of blood in urine.
 - Altered coagulation tests,
- and others, indicate that the person is poisoned by snakebite, fast **ANTIVIPMYN[®]** administration is recommended.

GENERAL PRECAUTIONS AND RECOMMENDATIONS

- **The Ideal administration route is Intravenous by venocilsis, diluting the administration dose in 0.9% Isotonic saline solution.**
- It can be applied directly into the vein when a direct dilution in physiological serum is not possible. **Intramuscular** route can be used when a dilution in physiological serum is not possible, or when the person who applies the serum does not know how to inject intravenous, in any case, **effectiveness is reduced.**
- **Dosage for children tends to be higher because venom concentration is higher because they are smaller and weigh less than an adult.**
- Poisoning by snakebite is an emergency, this is why the patient must be treated in a hospital, even though the product has already been administered.
- A recently bitten patient, that presents snake bite marks, but no symptoms, must be kept in observation for at least 15 hours, he must be calmed down, the bitten extremity must be immobilized in order to prevent further venom distribution, movement of the affected extremity allows the venom to be distributed through out general circulation. **At the smallest manifestation of Intoxication, the administration of ANTIVIPMYN[®] must be carried out.**

- A tourniquet must not be applied to the bitten extremity, neither should suctioning or cutting of the bitten area, these maneuvers are pointless, and may cause secondary infections worsening inflammation, which may lead to more serious lesions.
- Any kind of rings, bracelets, or tight garments that may interrupt blood circulation must be taken off, because they increase inflammation.
- If the patient already has a tourniquet on, it must be slowly loosened while **ANTIVIPMYN**[®] is administered.

ANTIVIPMYN[®] is a specific treatment, support therapy must be administered, such as, intravenous physiological serum, antibiotics, tetanus toxoid, but **NEVER NSAID ANALGESICS SUCH AS ACETIL-SALICYLIC ACID, INDOMETACINE, PIRROXYCAM, IBUPROFEN, DICLOFENAC, NAPROXEN, ETC., BECAUSE THEY STRENGTHEN HEMORRHAGES CAUSED BY SNAKE VENOM, metamizol, tramadol, and dextropropofen can be used.**

- The sooner **ANTIVIPMYN**[®] is administered, better results will be achieved.
- Mark the bitten extremity in three or four different places, measure the circumference of the extremity at these marks, repeat the measurements frequently to assess inflammation, decreasing inflammation is a very good prognosis.
- Even though the patient is treated tardily, applying **ANTIVIPMYN**[®] is useful for neutralizing active venom fractions.
- The patient's improvement is characterized by a diminish in coagulation alterations, inflammation is stopped, and CPK creatophosphokinase tends to normalize because the muscular destruction has finally stopped.
- If an analysis laboratory is out of the question, and CPK cannot be determined, the support dosage should be the one were the inflammation was stopped, this dose should be used every 4 hours.
- Sufficient **ANTIVIPMYN**[®] administration must always precede surgical management.
- Fasciotomy is recommended only in the presence of tissue pressure augmentation compartment disorder.
- A maintenance dose has not been pre-established, enough doses should be administered in order to neutralize the venom.
- Do not administer food or beverages by oral route, there is a suffocation risk by bronchoaspiration, mainly in patients with moderate to severe intoxication level.

ADMINISTRATION ROUTE

- **The ideal administration route is intravenous**, diluting the administration dose in physiological serum (0.9% isotonic saline solution). It can also be slowly applied directly into the vein when a dilution in physiological serum is not possible.
- **Intramuscular route can be used** when intravenous administration is not possible, although effectiveness is reduced.

Solution Preparation for intravenous administration in physiological serum.

Prepare the **ANTIVIPMYN**[®] flasks to be used according to the following:

1. Take off the little metal disk with the legend "OPEN HERE", found on the top of the **ANTIVIPMYN**[®] flask.
2. Clean the rubber stopper that is uncovered after taking the metal disk off with a cotton swab dampened in alcohol.
3. Open the ampoule and take the liquid content out using a sterile syringe and needle (a 10 ml syringe is recommended), inject the liquid into the flask through the rubber stopper.
4. Take the needle out of the flask.
5. Shake the flask vigorously until a complete solution is obtained.
6. Using the same syringe and needle, take all of the solution out of the flask.
7. Once all of the solution is taken out of the flask, take the needle out of the flask also.
8. Prepare all the **ANTIVIPMYN**[®] flasks to be used in the same fashion.
9. Read the instructions contained both with the serum flask and the physiological serum very carefully, including the instructions for the vein administration equipment.
10. Take the metal or plastic cap off of the physiological serum flask, and leave the rubber stopper uncovered.
11. Clean the rubber stopper with a cotton swab dampened in alcohol.
12. Inject the prepared **ANTIVIPMYN**[®] solution into the physiological serum flask through the rubber stopper, repeat this operation with the remaining **ANTIVIPMYN**[®] flasks.
13. Read the venoclysis equipment instructions carefully (it is made up of thin plastic tubes and needles).
14. Apply a ligature, preferably on the arm, in order to protrude and make the vein visible.
15. With the ligature on, introduce the venoclysis needle into the vein, take the ligature off, immobilize the needle on the skin, regulate the physiological serum flow, which must pass approximately in 4 hours, this is done regulating the flow between 30 and 40 drops per minute.
16. For the support dose administration, proceed as described in the above 15 steps.

Solution Preparation for Its application directly Into the vein

1. Proceed as indicated in steps 1 to 14 of the **Solution preparation for its Intravenous application In physiological serum.**
2. With the ligature on the arm, introduce the syringe's needle into the vein and slowly inject **ANTIVIPMYN[®]**.
3. In order to continue administering the rest of the prepared syringes, very carefully, unscrew the syringe from the needle without taking the needle out of the vein and quickly screw on a new syringe with **ANTIVIPMYN[®]**, repeat this step for all the remaining **ANTIVIPMYN[®]** prepared syringes.
4. Once the last **ANTIVIPMYN[®]** syringe is administered, carefully withdraw the needle from the vein and apply pressure on the injection site for 1 to 2 minutes.
5. For the support dose administration, proceed as indicated above.

Solution preparation for intramuscular administration

1. Proceed as indicated in steps 1 to 8 of the preparation for intravenous administration.
2. Uncover the buttock, divide it into four sections, and apply the injection in the upper right side quadrant.
3. Apply the first injection, unscrew the syringe leaving the needle in the buttock, insert another syringe with **ANTIVIPMYN[®]** and administer, proceed in the same fashion with all the remaining **ANTIVIPMYN[®]** syringes.
4. For the support dose administration, proceed as indicated above.

ADMINISTRATION ROUTE AND DOSAGE

The initial dose as well as the support doses can be administered, according to the poisoning level, in any of the 2 following ways:

1. By diluting the number of flasks marked as initial dose (depending on the poisoning level), to a 500 ml volume for adults, and 250 ml volume for children, in physiological serum (0.9% isotonic saline solution), and administering it in 4 hours. Follow the same method for the support doses, repeat as necessary.
2. Initial dose administered directly into the vein or intramuscular, wait 4 hours and continue with support doses, which can be applied every 4 hours, repeat as necessary.

We suggest the following administration scheme according to the poisoning level:

POISONING LEVEL	SYMPTOMS (CLINICAL DATA)	ADULTS		CHILDREN	
		INITIAL DOSE	SUPPORT DOSE	INITIAL DOSE	SUPPORT DOSE
SUSPICION	History of having been bitten recently by a snake, bite marks and local pain.	OBSERVATIONS			
LEVEL 1 OR MILD	History of having been bitten recently by a snake, bite marks, hemorrhage through the bite marks, pain around the bite marks, inflammation of the bitten extremity of 10 cm or less.	3 to 5 Flasks I.V.	5 Flasks I.V.	6 to 10 Flasks I.V.	5 Flasks I.V.
LEVEL 2 OR MODERATE	Same symptoms as level 1 but increased and, inflammation of the bitten extremity is over 10 cm, nausea, vomit, blisters with white or sanguinolent liquid, decreased urine volume. Coagulation and other laboratory tests are altered.	6 to 10 Flasks I.V.	5 Flasks I.V.	15 Flasks I.V.	5 Flasks I.V.
LEVEL 3 OR SEVERE	Same symptoms as level 2 but increased and, presence of black foul-smelling tissue (dead tissue) in the bite area or extremity, abdominal pain, mouth, nose, and/or anus hemorrhaging, blood in urine and laboratory tests extremely altered.	11 to 15 Flasks I.V.	6 to 8 Flasks I.V.	20 to 30 Flasks I.V.	10 to 15 Flasks I.V.
LEVEL 4 OR VERY SEVERE	Same symptoms than level 3 but increased and accompanied by alterations in several organs, unconscioness.	16 or more Flasks I.V.	8 or more Flasks I.V.	31 or more Flasks I.V.	16 or more Flasks I.V.

One dose is equal to one ANTIVIPMYN[®] flask
After finishing the initial dose, continue with the support dose every four hours

CONTRAINDICATIONS

Known allergy cases.

ADVERSE AND SECONDARY REACTIONS

In very sensitive people, it is possible for allergic reactions to occur such as urticaria, itching, articulation pain, small temperature raise (light fever under 37,9 °C). In this case, administer antihistamines. If the symptoms do not disappear and a physician is not attending the patient, take him or her immediately to the nearest Health Center.

USE DURING PREGNANCY AND LACTATION

Pregnancy: If a snake should bite a pregnant woman, ANTIVIPMYN[®] should be administered as soon as possible in order to avoid premature labor or product death.

Lactation: Lactation must be suspended and ANTIVIPMYN[®] should be administered immediately, the mother has to avoid lactation due to the seriousness of the poisoning, once the danger is gone, lactation can be renewed.

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