



The Ontario Massasauga Rattlesnake Antivenom Depot
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ANTIVIPMYN TREATMENT PACKAGE

FOR EASTERN MASSASAUGA RATTLESNAKE BITES

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EASTERN MASSASAUGA RATTLESNAKE TREATMENT **GUIDELINES & ANTIVIPMYN DECISION TREE**

Please read carefully. (You do have time.)

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1) LABORATORY TESTING

Arrange this immediately a potentially envenomated patient arrives (i.e. usually at the same time as 2 IV sites are being established).

1.1) **STAT:** CBC, creatinine, urea, electrolytes, glucose, CK, PTT, INR, fibrinogen (if possible), urinalysis, AST, ALT, group and screen

1.2) **SUBSEQUENT:** Hgb, platelets, creatinine, urea, electrolytes, glucose, CK, PTT, INR, AST, ALT

- Repeat 2 hours after each antivenom administration then
- Q4h for the first 24 hours, then Q6h x 72 hours then
- Daily x 6 days following the last antivenom administration

N.B. Particular attention must be paid to platelets that are dropping or which at the start are < 150,000. Low platelets are indicative of significant coagulopathy and these patients need to be treated aggressively with antivenom.

2) ANTIVIPMYN – ADMINISTRATION TREATMENT DECISIONS

Informed consent is required prior to administration

2.1) If patient appears to have received a **dry bite** (no evidence of pain/swelling, paresthesia, or abnormal blood work at 6 hours) they can be diagnosed as having received **NO ENVENOMATION** and discharged without further follow-up. Anti-tetanus toxoid (if patient not up to date) should be administered and patient should be told to report any evidence of subsequent infection at the site.

2.2) Should there be **any evidence of pain/swelling** (however mild), coagulation parameters must be monitored Q4h for at least 24 hours [see 1.2]

2.21) **MINIMAL ENVENOMATION:** minimal pain/swelling, absent or minimal coagulation abnormalities (PTT <1.5 of the control and INR <1.5). Patient should be observed and re-evaluated Q2h clinically and by way of laboratory investigations Q4h for at least 24 hours [see 1.2]

2.22) **MODERATE ENVENOMATION:** moderate pain/swelling or coagulopathy. Patient should receive TEST DOSE (1 vial) + TREATMENT DOSE (5 vials) as outlined in the Antivipmyn Antivenom Therapy Doctor's Order set. TEST DOSE must be administered as per the Antivipmyn Antivenom Therapy Doctor's Order set to rule out anaphylaxis prior to commencing full treatment [see 3.1].

N.B. Even with only moderate envenomation, INR is often unrecordable. This is not of particular concern unless platelets are low.

2.221) If coagulopathy is still present 2 hour post-administration of initial 6 vials OR if pain/swelling are not resolving, repeat initial dose (6 vials)

N.B. Continually re-evaluate your patient. If no improvement with first 12 vials, then administer another 6 vials 2 hours after the last dose; earlier if patient appears to be deteriorating.

2.23) **SEVERE ENVENOMATION:** marked swelling, evidence of limb ischemia, hypotension, hypoxia, bleeding diathesis, low or dropping platelets, etc. Patient should receive TEST DOSE (1 vial) + TREATMENT DOSE (9 vials) as outlined in the Antivipmyn Antivenom Therapy Doctor's Order set. TEST DOSE must be administered as per the Antivipmyn Antivenom Therapy Doctor's Order set to rule out anaphylaxis prior to commencing full treatment [see 3.1].

2.231) If coagulopathy is still present 2 hour post-administration of initial 10 vials OR if pain/swelling are not resolving, repeat initial dose (10 vials)

N.B. Continually re-evaluate your patient. If no improvement with first 20 vials, then administer another 10 vials 2 hours after the last dose; earlier if patient appears to be deteriorating. It may be necessary to give as many as 10 vials/hour for the first 2-3 hours.

In general:

- 1) **Elevation of the affected limb helps dramatically with pain**
- 2) **Once pain/swelling start to subside, they usually continue to do so with adequate maintenance doses [see 2.3]**
- 3) **It is not often necessary to completely alleviate pain/swelling – this leads to overuse of antivenom and potentially increased side effects.**

2.3) **MAINTENANCE DOSE:** Once symptoms begin to resolve (decreasing pain/swelling, INR, PTT) administer 2 vials Antivipmyn Q6h x 3 doses **or** if high doses are needed initially, give approximately 2/3 of total treatment dose divided into 3 doses over 18 hours [see 4.1]

2.4) **RE-TREATMENT:** If symptoms are recurring, treat with 2/3 the initial dose that brought about some resolution of initial symptoms.

3) INSTRUCTIONS FOR ANTIVIPMYN ADMINISTRATION

Informed, written consent must be obtained after decision has been made to treat with Antivenom.

- 3.1) Mix 1 vial (TEST DOSE) in 100 mL NS. Run 15 mL over 10 minutes (**90 mL/hr for 10 minutes**). If there is no reaction, mix remaining vials (TREATMENT DOSE) in 250 mL NS. **All vials are to be infused over 1 hour total.**
- 3.2) Have on hand: adrenalin, O₂ and other resuscitation equipment. **DO NOT administer antivenom outside an acute care facility (ICU/ED setting).**
- 3.3) If a **mild allergic reaction** occurs (chills, fever, wheals, etc.), decrease rate of infusion by half. If resolution of allergic symptoms occurs, complete the infusion. If no resolution of allergic symptoms, re-evaluate decision to treat. **Note: risk of death from anaphylactic reaction secondary to Antivipmyn is comparable to risk of death from rattlesnake bite in Ontario.** Should Antivipmyn administration still be deemed necessary, consider treatment with IV Ranitidine, Diphenhydramine, and even Methylprednisolone (Solu-Cortef) to alleviate allergic reaction.
- 3.4) We have noted no delayed resurgence of abnormal clotting incidences after Antivipmyn. This was a concern with CroFab.

4) OTHER FACETS OF MANAGEMENT

4.1) **If high doses of antivenom are needed initially**, expect higher maintenance doses at 6, 12, and 18 hours. Consider needing to use as total maintenance dose; approximately 2/3 the total number of vials used in the first 6 hours (i.e. If 20 vials are used to stabilize, then \pm 15 vials may be used as maintenance, in 3 doses of 5 vials).

4.2) Patients with the **following risk factors should be treated more aggressively**:

- Children
- Pregnant women
- Low platelets/platelet abnormalities
- Patients with bites to head, neck or digits
- Surgery in the last 2 months
- Peptic ulcer disease
- Known proliferative retinopathy
- Previous or recent CVAs

4.3) **Doses must NOT be decreased according to patient's age, size or weight**. Remember that we are **treating the venom, not the patient**. It is perhaps more important to give children larger doses than adults because of their smaller volume of distribution.

4.4) **Vesicles that begin to approach 2/3 the circumference in any limb** are of true concern and should be treated aggressively.

4.5) **Evidence of Compartment Syndrome** in any patient should be treated with high-dose Antivipmyn (10 vials) initially and repeated at 2 hours if no response.

- This is likely to be effective at any stage, even at 72 hours or more.
- **Do NOT consider fasciotomy until** 20 vials have been administered and compartment pressures are $>$ 25 mmHg.

5) PAIN AND INFECTION

5.1) **Antivenom is very effective at treating pain.** Continuing moderate to severe pain suggests inadequate antivenom dosage. Opiates and Tylenol can be used safely but are not very effective.

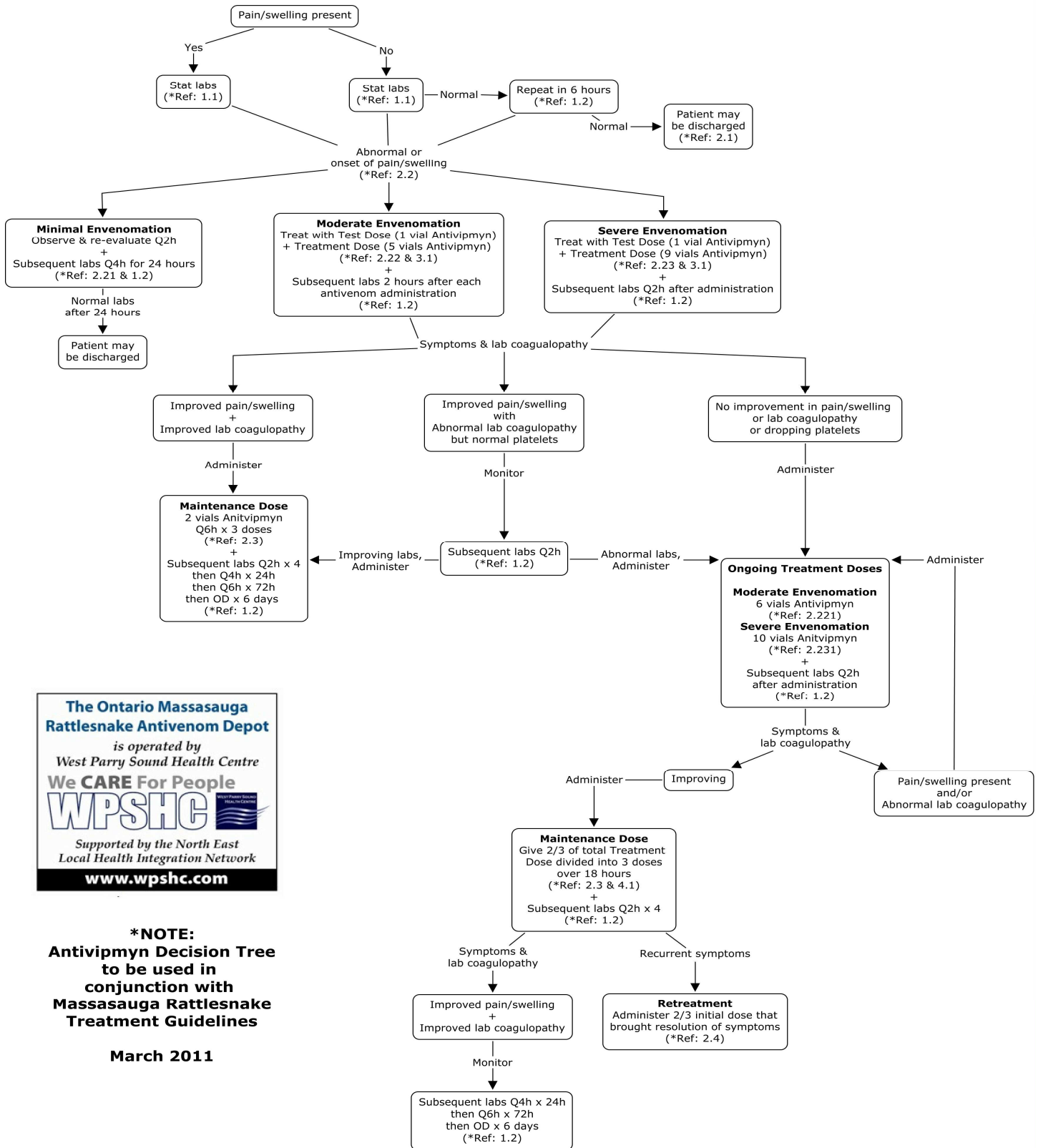
NSAIDS and ASA must NOT be given because of antiplatelet effect.

5.2) **There is no place for routine antibiotics.** If a patient develops infection at the bite site later, a combination of Clindamycin and a 3rd generation Cephalosporin should be considered.

6) 18 HOURS POST-BITE AND/OR TREATMENT

A slightly abnormal INR and PTT can simply be observed provided platelets are good and patients do not have any characteristics listed in 4.2

Antivipmyn Administration Decision Tree



The Ontario Massasauga Rattlesnake Antivenom Depot
is operated by
West Parry Sound Health Centre
We CARE For People

Supported by the North East Local Health Integration Network
www.wpshc.com

***NOTE:**
Antivipmyn Decision Tree
to be used in
conjunction with
Massasauga Rattlesnake
Treatment Guidelines

March 2011

MASSASAUGA RATTLESNAKE BITE

CONSENT FOR ANTIVENOM - Antivipmyn

Your physician has recommended that you receive antivenom to treat the effects of Massasauga Rattlesnake venom. The following information is to help you decide whether or not to accept this treatment, knowing what the possible side-effects and treatment alternatives are.

<p><u>How We Administer Antivenom:</u></p> <p>Antivipmyn is derived from the serum of horses that have been exposed to the venom of poisonous snakes. The antivenom is administered over approximately one hour. Repeated doses may be required over the next few hours to days depending on your condition.</p> <p><u>Risks of Using Antivenom:</u></p> <ol style="list-style-type: none"><u>Allergic Reactions</u> Allergic reactions to the antivenom can occur. If you have a history of any of the following you are at increased risk of an allergic reaction.<ul style="list-style-type: none">• Asthma• Hives• Hay fever• Other allergic manifestations• An allergy to horse serum• Patients who have received Antivipmyn before <p>During the administration of the antivenom you will be closely monitored to detect and treat an allergic reaction should it occur.</p> <ol style="list-style-type: none"><u>Serum Sickness:</u> Less than 5% of patients who receive antivenom will develop serum sickness, between 5 to 24 days later. The usual symptoms are fever, hives, swollen lymph glands, edema, aching joints, nausea and vomiting. Occasionally neurological symptoms can develop and can include vomiting, constipation, temperature changes, or inflammation of nerves usually involving the shoulders and arms. Pain and muscle weakness frequently develop and permanent muscle wasting can occur. Serum sickness can be severe, but very rarely so. You will have to follow-up immediately with your family physician to minimize these possible side effects.	<p>You will be required to have follow-up lab work for 6 days after you appear to have cleared the venom.</p> <p>Option of Not Taking the Antivenom</p> <p>Rattlesnake venom is almost never fatal and not every bite warrants treatment with antivenom.. Your physician feels that, in your case, the risks of not treating with an antivenom are greater than the risks of allergy and serum sickness. If untreated, rattlesnake bites can cause two major problems:</p> <ol style="list-style-type: none"><u>Localized Reaction</u> Bites can result in severe swelling and pain. Antivenom can reduce these effects. If untreated, there is a chance that the swelling could become severe enough to cause compromised circulation to the affected limb. This can cause permanent damage to, or even loss of, the limb.<u>Bleeding Disorders</u> One of the major effects of rattlesnake venom is interference with the blood's normal ability to clot. Antivenom can reverse this problem. If left untreated and bleeding starts, bleeding can be severe. Not all patients bitten by a rattlesnake develop bleeding problems. Massasauga rattlesnakes rarely causes severe bleeding. <p>If you choose not to have the antivenom, your progress can still be closely monitored. If the swelling, pain, or bleeding disorder worsens, antivenom therapy can be initiated at a later time. Unfortunately, the longer the therapy is delayed, the more difficult it is to effectively treat the problem.</p>
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**MASSASAUGA RATTLESNAKE BITE
CONSENT FOR ANTIVENOM - Antivipmyn**

- A copy of the Massasauga Rattlesnake Bite Consent for Antivenom – Antivipmyn was given to the patient.

- I have understood the information I have received and consent to receive the antivenom therapy – Antivipmyn.

Signature:	Relationship to Patient:	Date:
	Witness:	Date:

**POST SNAKE
BITE CONSENT
TO RELEASE
INFORMATION**

Name: _____
Address: _____

Phone: _____

I, _____,
hereby consent to the release of my name, address, and telephone number
to Dr. T.J. Fargher, Medical Director of the Ontario Massasauga
Rattlesnake Antivenom Depot, so that information regarding my snake bite
can be used for the continuing development of best practice guidelines in
the treatment of Massasauga rattlesnake bites.

Signature

Date

Relationship to Patient

Witness

Date

THE ONTARIO MASSASAUGA RATTLESNAKE ANTIVENOM DEPOT

WEST PARRY SOUND HEALTH CENTRE

DOCTOR'S ORDER SHEET

ALLERGIES:

The following is a guideline for the treatment of a patient with **ANTIVIPMYN for a RATTLESNAKE BITE**. This is a guideline only and must be reviewed, amended where appropriate, dated and authenticated by a physician before being implemented.

Date & Time Ordered	DOCTOR'S ORDERS		Order Completed
<p>ANTIVIPMYN Antivenom Therapy, if ordered by the physician: Indications include (i) significant progressive swelling; (ii) evidence of coagulopathy; (iii) intractable pain. Suggest referring to Massasauga Rattlesnake Treatment Guidelines and Antivipmyn Decision Tree for further information.</p>			
<p>Risk Assessment: The following patients are at greater risk for severe complications from envenomation: children; pregnant women; bites to head, neck or digits; active peptic ulcer disease; platelet abnormalities; surgery in the past two months; previous CVA and retinopathy</p>			
	1. Provide patient with the information handout. Obtain an informed consent for treatment with Antivipmyn.		
	2. Obtain consent for release of information to Rattlesnake Antivenom Depot.		
	3. Antivenom administration: (NOTE: Dosage is NOT weight or age based)		
	<p>Test Dose:</p> <ul style="list-style-type: none"> a) Reconstitute 1 vial of Antivipmyn with 10 mL diluent Roll the vial to mix. <u>Do not shake.</u> b) Add the reconstituted vial to 100 mL of Normal Saline. c) Infuse 15 mL over 10 minutes (90 mL/hr) observing patient closely for anaphylaxis 		
	<p>Treatment Dose:</p> <ul style="list-style-type: none"> a) If no reaction after 10 minutes increase rate to 500 mL/hr. while reconstituting additional 5 vials for moderate envenomation (9 vials for severe envenomation). Add to 250 mL of Normal Saline. (Consider decreasing volume of Normal Saline for paediatric patients) Run concurrently with first vial at 300 mL/ hr. to complete infusion of all 6 vials (10 vials for severe envenomation) in approximately 60 minutes b) Be prepared to administer further Antivipmyn treatments using 6 vials per treatment (10 vials for severe envenomation) every 2 hours as clinical progress indicates, i.e. evidence of bleeding and/or decreasing platelets; or no improvement in pain and/or swelling. 		
	<p>Maintenance Dose:</p> <p>Once symptoms begin to resolve (i.e. decreasing pain, swelling, INR, PTT) administer 2 vials of Antivipmyn every 6 hours for 3 doses.</p>		
	<p>Re-treatment:</p> <p>If symptoms begin increasing, i.e. pain not manageable by narcotics; swelling; coagulopathy with evidence of bleeding or decreasing platelets, administer Antivipmyn– 2/3 the original treatment dose required to achieve some resolution of symptoms.</p>		

THE ONTARIO MASSASAUGA RATTLESNAKE ANTIVENOM DEPOT

WEST PARRY SOUND HEALTH CENTRE

DOCTOR'S ORDER SHEET

ALLERGIES:

The following is a guideline for the **TREATMENT and ASSESSMENT of A PATIENT WITH A RATTLESNAKE BITE**. This is a guideline only and must be reviewed, amended where appropriate, dated and authenticated by a physician before being implemented.

Date & Time Ordered	DOCTOR'S ORDERS	Order Completed
	1. Time of Bite: _____ Location of Bite: _____	
	2. Geographic location where bite occurred:	
	3. Patient activity when bite occurred:	
	4. Vital signs q. 15 min. x 1 hr, then q. 1 hr x 4, then q. 4 hrs.	
	5. Document presence of any signs of bleeding q. 4 hrs and p.r.n. (Petechiae, Blebs, Vesicles, I.V. site).	
	6. Report any signs of shock, diaphoresis.	
	7. Assess pain level using pain scale 0 - 10	
	8. I.V. saline lock x 2 (one with large bore 16 – 18 Ga.)	
	9. (a) Measure circumference of limb at site of bite and two sites (approximately 7 cm and 15 cm) proximal to bites q. 15 minutes x 1 hr.; then q. 1 hr x 5 hrs; then then q. 3 hrs. x 4; then q. 6 hrs. Mark sites for measurement with indelible ink. (b) Measure distance of leading edge of swelling from bite q 15 minutes x 1 hr. then then q. 1 hr x 5 hrs; then q 3 hours x 4; then q. 6 hrs	
	10. Check pulses and capillary refill of limb distal to bite q. 15 min. x 1 hr.; then q. 1 hr. x 5 hrs.; then q. 3 hrs. x 4; then q. 6 hrs.	
	11. Determine tetanus status and update prn.	
	12. (a) Maintain affected limb at heart level for paediatric patient or pregnant women until antivenom is initiated (b) Elevate affected limb of other victims.	
	13. Obtain analgesic orders from physician. Do not administer ASA/NSAID products	
	14. Bed rest with commode privileges	
	Physician Signature:	

THE ONTARIO MASSASAUGA RATTLESNAKE ANTIVENOM DEPOT

WEST PARRY SOUND HEALTH CENTRE

DOCTOR'S ORDER SHEET

ALLERGIES:

The following is a guideline for **LABORATORY ORDERS FOR A PATIENT WITH A RATTLESNAKE BITE**. This is a guideline only and must be reviewed, amended where appropriate, dated and authenticated by a physician before being implemented.

Date & Time Ordered		Order Completed
DOCTOR'S ORDERS		
RATTLESNAKE BITE LAB ORDERS		
	Stat: CBC; (Hgb/WBC/Platelets)	
	INR.; PTT.; Fibrinogen	
	CK.	
	Creatinine; Urea; Electrolytes; Random glucose	
	AST.; ALT.;	
	Group and hold	
	Urinalysis	
	Repeat Labs:	
	CBC.; (Hgb/WBC/Platelets)	
	Creatinine; Urea; Electrolytes; Random glucose	
	AST; ALT.	
	INR.; PTT.	
	CK.	
	1. Repeat Lab work 2 hours after each antivenom treatment is initiated; then q.4 hr. for 24 hr; then q.6 hr. x 72 hr. in hospital; then daily for a further 6 days as an out-patient	
	2. If no antivenom is administered, repeat Lab work q. 6 hr. until normal or x 4, which ever occurs first.	
	3. Dip each voiding for blood x 72 hours, then daily unless INR and PTT are increasing.	
	4. Do urinalysis for myoglobin for a severe bite in a child.	
	Physician Signature:	

RATTLESNAKE BITE RECORD

Observations are q.15 minutes x 1 hr., then q.1 hour x 5, and then q.3 hours x 4, then q. 6 hours, unless patient is unstable or swelling is continuing rapidly.

Age:	Sex:	D.O.B.
Date of Bite:	Time of Bite:	
Site of Bite:	Accidental <input type="checkbox"/> Provoked <input type="checkbox"/>	
Patient Activity When Bite Occurred:		
Geographic Location(where bite occurred):		
Attending Physician:		

Date:								
Time:								
Symptoms & Observations	Yes	No	Yes	No	Yes	No	Yes	No
1. Signs of bleeding include:								
vesicles, I.V. .site, petechiae, blebs.								
2. Nausea and vomiting.								
3. Diaphoresis.								
4. Pain Scale: 0 - 10.								
5. Circulation distal to bite intact.								
Record the following:								
1. B.P. / Pulse	/		/		/		/	
2. Resp. / Temp.	/		/		/		/	
3. Limb circumference at bite:								
Site #1: (7 cm from bite)								
Site #2: (15 cm from bite)								
4. Maximum distance of swelling								
from bite.								
NURSES INITIALS:								

RATTLESNAKE BITE RECORD

Observations are q.15 minutes x 1 hr., then q.1 hour x 5, and then q.3 hours x 4, then q. 6 hours unless patient is unstable or swelling is continuing rapidly.

Age:	Sex:	D.O.B.
Date of Bite:	Time of Bite:	
Site of Bite:	Accidental <input type="checkbox"/> Provoked <input type="checkbox"/>	
Patient Activity When Bite Occurred:		
Geographic Location(where bite occurred):		

Date:								
Time:								
Symptoms & Observations	Yes	No	Yes	No	Yes	No	Yes	No
1. Signs of bleeding include: vesicles, I.V. site, petechiae, blebs.								
2. Nausea and vomiting.								
3. Diaphoresis.								
4. Pain Scale: 0 - 10.								
5. Circulation distal to bite intact.								
Record the following:								
1. B.P. / Pulse	/		/		/		/	
2. Resp. / Temp.	/		/		/		/	
3. Limb circumference at bite:								
Site #1: (7 cm from bite)								
Site #2: (15 cm from bite)								
4. Maximum distance of swelling from bite.								
NURSES INITIALS:								

Fax To: (705)-773-4083

**RATTLESNAKE BITE LAB
FLOWSHEET**

Date:						
Time:						
Antivipmyn: # of vials:						
Hgb.						
WBC						
Platelets						
INR						
PTT/Control						
Fibrinogen						
CK						
Creatinine						
Urea						
Na						
K+						
Chloride						
Glucose						
AST						
ALT						

Date:						
Time:						
Urine Dip for blood						

Fax To: (705)-773-4083

**RATTLESNAKE BITE LAB
FLWSHEET**

Date:						
Antivipmyn: # of vials:						
Hgb.						
WBC						
Platelets						
INR						
PTT/Control						
Fibrinogen						
CK						
Creatinine						
Urea						
Na						
K+						
Chloride						
Glucose						
AST						
ALT						

Date:						
Time:						
Urine Dip for blood						

Snakebite Envenomation Discharge Instructions

(Treated with antivenom)

You have been treated for rattlesnake venom poisoning. Depending on how severe your condition is it may take few weeks to completely recover.

Home Care

There is a lot you can do to speed your recovery:

- 1) For an arm or hand bite, keep the arm raised as much as possible until the swelling goes down. For a leg or foot bite, elevate it as much as possible.
- 2) Soak the affected arm or leg in warm water on a daily basis (a bathtub or shower will work). After a few minutes, begin range of motion exercises at each joint involved. This will reduce stiffness, improve the range of joint motion and help local circulation.
- 3) Drink plenty of fluids.
- 4) Take acetaminophen (Tylenol) or prescribed pain medication for pain.

For two weeks after the snakebite

DO NOT:

- Participate in contact sports.
- Undergo elective surgery.
- Have dental work.
- Take anti-inflammatory drugs (NSAIDs) such as aspirin, ibuprofen (Motrin, Advil), or naproxen (Naprosyn, Aleve).

Go to nearest Emergency Department

... if you experience any of the following:

- Swelling worsens or pain becomes severe.
- Abnormal bleeding.
- Dark, tarry stools.
- Severe headache.
- Fever, itchy rash, or swollen lymph nodes over the next two weeks.
- Signs of infection such as swelling, excessive tenderness, redness, or pus draining from wound.
- Urine decreases in amount or becomes cola coloured.

Snake Safety Tips

- Never handle a rattlesnake.
- Wear protective footwear and long loose fitting pants especially when hiking.
- Use a flashlight when traveling at night.
- Always watch where you are putting your feet and hands.
- Poke around gently with a stick before reaching into brush, under rocks, or into dark places where snakes may be hiding.
- Keep pets on leashes.
- If you hear a rattlesnake, stay calm! Stop walking, and then determine the snake's location. Slowly move away from the snake.
- Closely supervise young children, and educate older children on how to avoid snakes.
- Do not use alcohol and place yourself in an environment that may be shared with rattlesnakes or play with snakes while intoxicated (or at any time).

References:

Campbell, D. (2007). *Discharge Instructions: Snakebite Envenomation*. Wikiup General Hospital. Santa Rosa, California.
Bush, S. (2008). *Snake Envenomation, Rattle: Follow-up*. eMedicine Specialities.

Main Switchboard • 705-746-9321 Automated Attendant • 705-746-4540 Facsimile • 705-773-4635

WE CARE FOR PEOPLE
Compassion • **WE CARE FOR PEOPLE** • Accountability • Rights & responsibilities • Excellence

CAUTION: THESE INSTRUCTIONS APPLY TO YOUR CURRENT PROBLEM ONLY

Follow up with Dr. _____ in _____ days/weeks/months/years

An appointment has been made with:

Dr. _____

date: _____ time: _____

Additional instructions: _____

I have understood the instructions I have received.

Signature: _____ Relationship to patient: _____ Date: _____

Witness: _____

Original form to patient

Copy remains in chart

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