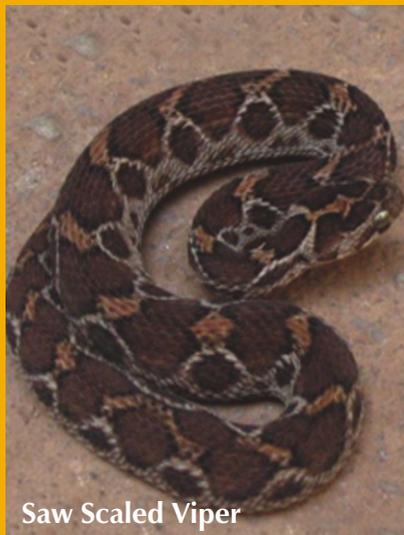


Guidelines

for the Clinical Management of
Snake bites in the South-East Asia Region



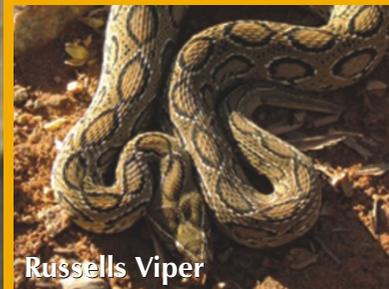
Saw Scaled Viper



Spectacled Cobra



Common Krait



Russells Viper



**World Health
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New Delhi

South-East Asia

Guidelines

for the Clinical Management of Snake Bite in the South-East Asia Region

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Written and edited for SEAMEOTROPMED by David A Warrell with contributions
by an international panel of experts, first published as a Supplement to the Southeast
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2005

South-East Asia

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Preface

The geographical area specifically covered by this publication extends from Pakistan and the rest of the Indian subcontinent in the west through to the Philippines and Indonesia in the east, excluding Tibet, China, Taiwan, Korea, Japan, the eastern islands of Indonesia and New Guinea and Australia (Figure 1, inside of front cover).

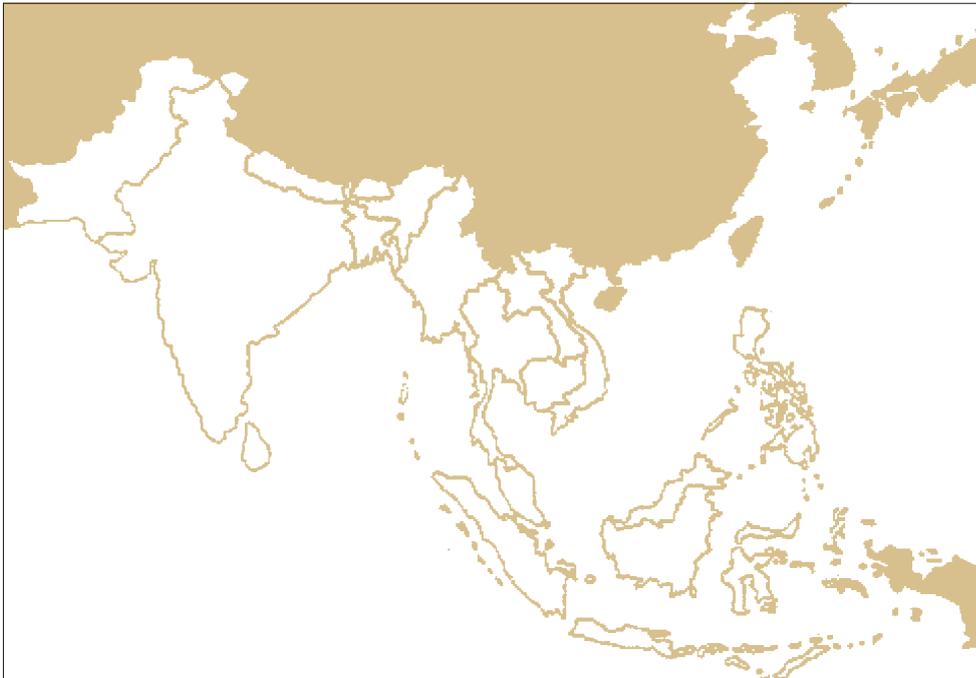


Figure 1: Map of Asia showing the area specifically covered by the guidelines

In many parts of this region, snake bite is a familiar occupational hazard of farmers, plantation workers and others, resulting in tens of thousands of deaths each year and innumerable cases of chronic physical handicap. Much is now known about

the species of venomous snakes responsible for these bites, the nature of their venoms and the clinical effects of envenoming in human patients. This publication aims to pass on a digest of this knowledge to medical doctors, nurses, dispensers and community health workers who have the responsibility of treating victims of snake bite.

Any recommendations must be continually reconsidered in the light of new evidence and experience. Comments from readers are welcomed so that future editions can be updated and improved.

The guidelines are intended to provide enough practical information to allow any medically trained person to assess and treat a patient with snake bite at different levels of the health service. Recommendations are based on clinical experience and, where possible, on the results of clinical trials. The restrictions on the size of this document prevented the inclusion of detailed references to the original publications on which these recommendations were based. These can be found in the papers and reviews listed in "Further Reading".

I am grateful to the panel of experts who contributed to these Guidelines but I must take responsibility for the writing and editing of the document.

I acknowledge the excellent help provided by Miss Eunice Berry (Centre for Tropical Medicine, University of Oxford), who typed the several drafts of the manuscript, and by Ms Vimolsri Panichyanon (Assistant Programme Coordinator, SEAMEOTROPED Network) and Drs Suvanee Supavej and Parmpen Viriyavejakul (Deputy Assistant Deans for International Relations, Faculty of Tropical Medicine, Mahidol University) who, under the overall direction of Professor Sornchai Looareesuwan, were responsible for organising the meeting of the international panel of experts in Bangkok on 29/30 November 1998.

David A Warrell
Oxford, December 1998

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