

Carry this Flipper Card in your Snakebite First Aid Kit

# SNAKEBITE FLIPPER CARD



**This Flipper Card gives you all the information needed  
to treat a snakebite as a Layman**

# SAFETY FIRST

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- Move the snakebite victim to safety to prevent a second bite. Although a photograph would be beneficial, it is not necessary to capture/kill/photograph the snake in order to get the correct antivenom.
- Stay calm and keep the victim calm. Fear could speed up the spread of venom.
- Call the Emergency Services for assistance and transportation to hospital.
- It is imperative to circle the site of the bite with a pen if visual. Write the time of the bite on the skin. Document the progression of swelling from the first circle to the rest of the limb or affected area.

# DO NOT...

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- Suck on the snakebite
- Cut into the snakebite
- Apply chemicals or herbal remedies
- Amputate body parts
- Apply a tourniquet unless it is a confirmed Black Mamba or Neurotoxic bite and you are more than 30 minutes away from a hospital

## EMERGENCY CONTACT NUMBERS

### ESWATINI ANTIVENOM FOUNDATION (NON PROFIT ORGANISATION)

Thea Litschka-Koen

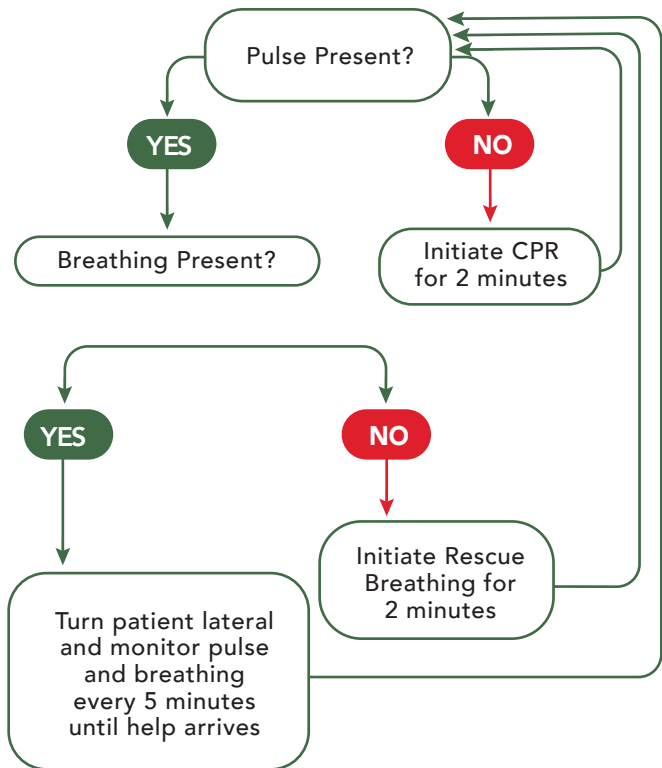
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### PLEASE REFER TO YOUR LOCAL EMERGENCY EXPERT CONTACTS

# UNCONSCIOUS VICTIM



If the patient regains consciousness turn the page



# PRESSURE BANDAGE



- Use an Elastic Bandage and apply it from the fingers or the toes towards the body. A Crepe Bandage is not sufficient for this purpose.
- Apply the bandage tight enough with enough room to place one finger underneath the bandage.
- A costly SMART bandage is available for snakebites which is more user-friendly but not commonly available.
- Once the Pressure Bandage has been correctly applied, the affected limb should be immobilised to prevent excessive movement.

# LIMB IMMOBILISATION



- The aim of the Limb Immobilisation is to prevent excessive movement to slow down the spread of venom.
- Limb Immobilisation can be achieved through splinting, slings, or bandaging the affected arm to the chest, or the affected leg to the other leg (where practical).
- Once the limb has been immobilised, elevate it to a level above the heart. Regularly check for good circulation by assessing the capillary refill of the affected limb.

# TOURNIQUETS



- Tourniquets are **not recommended** and **should not be considered the first option for snakebites**.
- There is a **very small scope** for the use of tourniquets regarding snakebite management.
- **A tourniquet is only** applied if it is a confirmed **Black Mamba or Neurotoxic** bite and you are more than **30 minutes away** from a hospital.
- When used properly a tourniquet can save a life but they do come with complications that can lead to severe tissue damage, amputations and organ failure in severe cases.
- The best tourniquet is one designed for this purpose. Alternative options include a Blood Pressure cuff, a belt, bandage or piece of cloth twisted up until the pulse below the tourniquet is not palpable.
- **Do not use** thin materials like wire or shoelaces for this purpose.
- Make a note of the time the tourniquet was applied and inform the medical personnel looking after the victim.
- **Remember!** Once the tourniquet has been applied **DO NOT REMOVE!** If unsure **do not** use a tourniquet.

# VENOMS: QUICK SNAKEBITE CARE

- **V - Verify the bite** - Confirm it's a snakebite. Look for fang marks, swelling, or pain. Stay calm to avoid panic.
- **E - Ensure safety** - Move away from the snake to prevent additional bites. Avoid handling or attempting to kill it.
- **N - No tourniquet or cutting** - Do not tie off the limb, cut the wound, or attempt to suck out the venom. These actions can worsen the injury.
- **O - Observe for symptoms** - Look for swelling, difficulty breathing, or changes in consciousness. Note the snake's appearance for medical professionals if safe to do so.
- **M - Minimize movement** - Immobilize the affected limb and keep it below heart level. Avoid moving the victim unnecessarily to slow venom spread.
- **S - Seek medical help** - Transport the victim to the nearest hospital immediately. Call emergency services en route.

## BEYOND THE BITE:

## MYTHS, FACTS, AND THE ROLE OF RESPECT

### VITAL FOR PEST CONTROL

- Snakes are natural pest controllers.
- Feed on rodents and insects that damage crops, spread disease, and invade homes.
- Help maintain ecosystem balance and reduce the need for harmful pesticides.

### RESPECT THEIR PLACE IN NATURE

- Snakes are not inherently aggressive and tend to avoid humans.
- Most bites happen when snakes feel threatened or startled.
- By understanding and respecting their space, safe coexistence is possible.
- Play a critical role in biodiversity and are part of our natural heritage.

### DISPELLING MYTHS

- Myths about snakes being dangerous are unfounded.
- Not all snakes are venomous; most prefer to flee rather than fight.
- Learning to identify local snake species can reduce fear and promote safety.

### EDUCATE FAMILY MEMBERS

- Ensure everyone in the household, including children, can recognize a snake.
- Teach family members how to act if they encounter a snake.
- Stay calm • Keep a safe distance • Do not attempt to catch or handle any snake.

**DISCLAIMER** : The LAYMAN Flipper Card has been adapted by The Eswatini Antivenom Foundation, drawing from the latest evidence-based practices outlined in Snakebite Management: Eswatini Antivenom Foundation Guidelines and South African Consensus Guidelines 2022, updated 2023(SASS).

The authors and editor have exerted every effort to ensure that the clinical procedures and recommendations described herein are based on current knowledge and state-of-the-art information obtained from acknowledged authorities, texts and journals. However, they cannot be considered absolute and universal recommendations. Each patient's situation must be considered individually, using a **SYNDROMIC** approach. The reader is urged to check the package inserts of drugs and equipment and the manufacturer's recommendations for indications, contraindications, proper usage, warnings and precautions before use. The authors and editor disclaim responsibility for any adverse effects resulting directly or indirectly from information presented in this booklet, undetected errors or misunderstandings by the readers.

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# POLYVALENT ANTIVENOM SPECIES

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## BLACK MAMBA (*Dendroaspis polylepis*)

- **Distribution:** Eswatini
- **Colour:** Dark Olive, greyish brown, gunmetal grey
- **Length:** 2.8-3.2m up to 4.5m
- **Venom Type:** **Highly Neurotoxic**
- **First Aid:** **Tourniquet**



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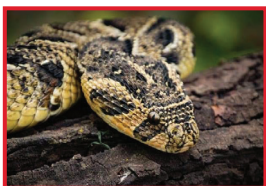


## SNOUTED COBRA (*Naja annulifera*)

- **Distribution:** Eswatini
- **Colour:** Yellowish brown with a yellow belly, or black & cream bands
- **Length:** 1.8-2.5m
- **Venom Type:** **Predominantly Cytotoxic, Mildly Neurotoxic**
- **First Aid:** **Pressure Bandage**

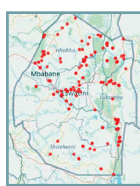


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## PUFF ADDER (*Bitis arietans*)

- **Distribution:** Eswatini
- **Colour:** Colour varies, V-shaped markings down the back pointing towards the tail
- **Length:** 0.9-1.2m up to 1.4m
- **Venom Type:** **Predominantly Cytotoxic, Mildly Haemotoxic**
- **First Aid:** **Elevate – No Tourniquet or Pressure Bandage**

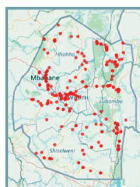


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## MOZAMBIQUE SPITTING COBRA (*Naja mossambica*)

- **Distribution:** Eswatini
- **Colour:** Brown with an orange/salmon belly & black bands on the neck
- **Length:** 1.2-1.6m
- **Venom Type:** **Cytotoxic**
- **First Aid:** **Elevate – No Tourniquet or Pressure Bandage**



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## RINKHALS (*Hemachatus haemachatus*)

- **Distribution:** Eswatini
- **Colour:** Black, brown or olive with white throat bands or black & yellow/orange body bands with yellow throat bands
- **Length:** 1.0-1.5m
- **Venom Type:** **Predominantly Cytotoxic, Mildly Neurotoxic**
- **First Aid:** **Pressure Bandage**



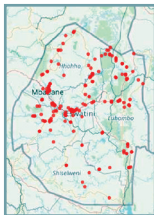
# MONOVALENT ANTIVENOM SPECIES

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## BOOMSLANG (*Dispholidus typus*)

- **Distribution:** Eswatini
- **Colour:** Grey, Brown, Green, Red, Blue, Green with Black "bands", black backs with yellow bellies
- **Length:** 1.5-2.0m
- **Venom Type:** **Haemotoxic**
- **First Aid:** **Pressure Bandage**



# OTHER VENOMOUS SPECIES

Even though localized symptoms could seem extreme, there is no antivenom for the treatment of vine, stiletto and night adder bites

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## VINE SNAKE (*Thelotornis capensis*)

- **Distribution:** Eswatini
- **Colour:** Cryptically coloured resembling a stick
- **Length:** 1.2-1.5m
- **Venom Type:** **Haemotoxic**
- **First Aid:** **Pressure Bandage**



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## RHOMBIC NIGHT ADDER (*Causus rhombeatus*)

- **Distribution:** Eswatini
- **Colour:** Dark brown Rhombic markings on the back. Body colour varies from light grey to brown Characteristic "V" shape marking on the head
- **Length:** 1.40-60cm, max 1m
- **Venom Type:** **Cytotoxic**
- **First Aid:** **Elevate – No Tourniquet or Pressure Bandage**



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## BIBRON'S STILETTO (*Atractaspis bibronii*)

- **Distribution:** Eswatini
- **Colour:** Body brown to blackish, belly may be white
- **Length:** 40-60cm, max 98cm
- **Venom Type:** **Cytotoxic**
- **First Aid:** **Elevate – No Tourniquet or Pressure Bandage**

