



THE KENTUCKY REPTILE ZOO
And
THE FLORIDA SNAKEBITE INSTITUTE
SURVEY

Kristen Wiley and Joe Pittman



Long term effects (morbidity) following snakebite

Section A: Envenomation Information

What country are you in: _____

Date of Envenomation (if known): _____ Age at time of bite? ____ Current: ____

Type of Snake: Rattlesnake _____ Copperhead _____ Cottonmouth _____

Other Viper _____ Coral snake _____ Other Elapid _____ Other _____

Specific Species (if known): _____

Site of Bite: _____ Symptoms: _____

Did you seek Medical treatment: YES NO Were you hospitalized: YES NO

No. of days hospitalized: _____ Was antivenin administered: YES NO

No. of vials administered (if known): _____ Antivenin (if known): _____

Was amputation required: YES NO Was fasciotomy performed: YES NO

Did any symptoms continue at discharge: YES NO If so, what ones: _____

After discharge, did you follow-up with a physician or the ER for recheck? YES NO

If Not, Why? _____

Section B: Post Envenomation Questionnaire:

Today's Date: _____

1. Work/Employment History

Were you employed at the time of the bite: YES NO No. of days missed due to bite: _____

What was normal number of hours worked in a day prior to the bite? _____ After bite? _____

Were able to perform the same job as prior to the bite? YES NO or Find new job? YES NO

2. Physical Ailments Post Envenomation

To this date, do you have:

1. Continued pain at the bite site? YES NO

2. Continued pain in affected limb? YES NO

3. If so, Rate the pain from 1 to 10 (1=no pain, 10=severe pain) _____ Pain score

4. Numbness or tingling at the bite site? YES NO

5. Numbness or tingling in the affected limb? YES NO

6. If so, briefly describe sensation: -----

7. Continued or recurrent swelling at the bite? YES NO

8. Continued or recurrent swelling beyond the bite site? YES NO

9. If so, describe briefly: _____

10. Any reduced function in the hand, foot or limb? YES NO

11. If so, briefly describe: _____

12. Has strength in affected hand or foot or limb been affected? YES NO

13. Experienced any reduced movement (stiffness, etc.) in the affected limb? YES NO

14. If so, briefly describe: _____

15. As a result of the bite, are you required to use any specialized aids on a daily basis (Cane to Walk with, loose shoes to avoid contact against the site, etc.)? YES NO

16. If so, briefly describe: _____

17. Did you experience any poor wound healing at the bite, or any surgical site? YES NO

18. If so, briefly describe: _____

19. Did you have any continued generalized weakness following the bite? YES NO

20. If so, how long did it last? _____

21. Did you have any respiratory issues following the bite? YES NO

22. If so, describe: _____

23. Have you experienced any problems with kidney function post bite: YES NO

3. Medical Management of Post Envenomation symptoms

24. Have you been evaluated for any of these conditions by a physician? YES NO

25. Have x-ray studies been done on affected hands/feet or joints local to the bite? YES NO

26. Did x-rays show any abnormalities (if known) YES NO What: _____

27. Were lab tests conducted to evaluate these conditions? YES NO

28. Were any lab tests abnormal (especially CRP, Sed rate, ANA titer if known) YES NO

29. As a result, Have you been referred to any specialist to evaluate these conditions? YES NO

30: If so, which ones (eg, pain management, orthopedics, neurology, etc) _____

31. Do you remain on any medications related to the snakebite or these conditions? YES NO

32. If so, list them (including dose and how often taken) _____

Any additional information regarding envenomation, symptoms or treatment: _____

IF MULTIPLE ENVENOMATIONS, PLEASE COMPLETE INDIVIDUAL SURVEYS FOR EACH ENVENOMATION.

THANK YOU

For your

TIME AND ASSISTANCE IN COMPLETING THE SURVEY

(No identifying personal information was obtained during the survey and all participation is strictly confidential)

Completed Surveys

Can Be Mailed To:

Joe Pittman

Florida Snakebite Institute

18106 Lembrecht Way

Tampa, Florida 33647

Or Email To:

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Survey Goal: To identify the long term complications and effects of snake bites including chronic pain syndromes.