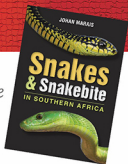




# SNAKEBITE PROFILE

## RINKHALS

*Hemachatus haemachatus*



### Risk of Bites

This snake is quick to hood in a defensive position when startled and will often spit venom at attackers. It is also well known for playing dead when cornered. Bites to humans are uncommon. However, dogs that attack the snake are often bitten and die quickly unless treated with antivenom by a veterinarian soon after a bite.



### Most Bites

Bites are not common, except for incidents where snake keepers are bitten by captive snakes. Persons handling the snake may also be bitten.



### Symptoms & Venom

The venom is both cytotoxic and neurotoxic. Symptoms include painful swelling of the affected limb and possibly necrosis at the site of the bite. Other symptoms, though not common, include nausea, dizziness and respiratory distress.

See pages 67-69

– *Snakes and Snakebite in Southern Africa* (2024).



### First Aid

Immobilise and reassure the patient. Elevate the affected limb. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages. For venom in the eyes, wash the eyes out immediately using water or any other bland liquid and transport the victim to a medical doctor.



### Medical Treatment

In cases of severe envenomation where there are clear signs of progressive swelling, which extends more than 10-15cm per hour above the bite site, or respiratory distress, doctors will treat such bites with 12 ampoules (or more) of polyvalent antivenom. Anti-inflammatories (NSAID's) and antibiotics are not indicated in the short term. Fasciotomies are rarely justified and should generally be avoided. In cases where patients suffer tissue damage, surgery may be required but rarely in the first few days. There are no documented fatalities from these bites in more than 45 years.

