



ASI SNAKE BOOKLET

COMMON SNAKES OF ASKHAM

Copyright: Johan Marais - African Snakebite Institute
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SNAKE COURSES

The ASI offers both public and corporate snake courses.

Public courses take place at various venues throughout South Africa.

The corporate training is done on-site, both in South Africa, as well as in 19 African countries.

We pride ourselves on teaching only the safest snake handling methods, to ensure the safety of both the handler and the snake.

We offer a range of different course options, including snake awareness, first aid for snakebite, venomous snake handling, venomous snake handling bootcamps, as well as advanced first aid for snakebite, advanced venomous snake handling and a reptile photography course.

For course info,
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INTRODUCTION

The African Snakebite Institute is the leading training provider of Snake Awareness, First Aid for Snakebite and Venomous Snake Handling courses in Africa as well as the largest distributor of quality snake handling equipment, snake PPE and snakebite first aid kits. Our aim is to spread snake awareness as far and wide as possible, which is why we've launched our new free E-Book series.

Our CEO, Johan Marais is a well-known herpetologist with over 40 years of experience with snakes. He has worked at various reptile facilities and has collaborated on a variety of scientific studies with some of the world's leading herpetologists. He is also one of Africa's most prominent authors of snake books and has written the best-sellers *A Complete Guide to Snakes of Southern Africa*, *Snakes and Snakebite in Southern Africa* and *First Aid for Snakebite*, to mention just a few.



COMMON SNAKES OF ASKHAM

The Northern Cape has 52 different snake species. Of the 14 snakes that occur around Askham three are highly venomous, three are venomous and the rest are mildly venomous or harmless. We've listed the common species in this booklet, showing venomosity, key ID features, full distribution, and snakebite info for venomous species.

Snakebite is problematic with most bites reported from the hot, wet regions in the eastern part of the country. More than 4,000 snakebites are reported annually with over 1,000 victims being hospitalised. Of those around 60% show signs of envenomation and the remaining 40% show no symptoms – these are referred to as dry bites or may be bites from mildly venomous or harmless snakes. In a recent 5 year survey of 879 snakebite cases in Zululand, nearly 98% of victims showed typical signs of cytotoxic envenomation – largely Mozambique Spitting Cobra, Puff Adder, Common Night Adder and Stiletto Snake bites. Despite their relative frequency, if treated correctly in hospital, these bites are rarely fatal. Most bites occurred in the early evening in the warm wet summer months from November to April/May. Around 84% of the bites were inflicted well below the knee. Less than 11% of these victims received antivenom and none of the bites in this survey were fatal.

Generally speaking we have 10 – 12 fatal snakebites a year in South Africa and these are invariably caused by the Black Mamba and Cape Cobra. Both of these snakes

SNAKE HANDLING EQUIPMENT

The African Snakebite Institute is the leading provider of quality snake handling equipment in Africa. View our range online [here](#).



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COMMON SNAKES AND SCORPIONS OF ASKHAM



Askham has around 14 species of snakes and six scorpions. Three snakes and one scorpion are considered highly venomous. Three snakes and two scorpions can give a bad bite or sting. The rest are harmless or only mildly venomous.

HIGHLY VENOMOUS

Has caused human fatalities

VENOMOUS

Painful bite/sting, but does not require antivenom

MILDLY VENOMOUS

Not thought to be harmful to humans

HARMLESS

Not dangerous to humans



Cape Cobra
(*Naja nivea*)

HIGHLY VENOMOUS



Cape Cobra
(*Naja nivea*)

HIGHLY VENOMOUS



Black Spitting Cobra
(*Naja nigricincta woodi*)

HIGHLY VENOMOUS



Puff Adder
(*Bitis arietans*)

HIGHLY VENOMOUS



Horned Adder
(*Bitis caudalis*)

VENOMOUS



Bibron's Stiletto Snake
(*Atractaspis bibronii*)

VENOMOUS



Mole Snake - grey form
(*Pseudaspis cana*)

CAN INFLECT A PAINFUL BITE



Mole Snake - black form
(*Pseudaspis cana*)

CAN INFLECT A PAINFUL BITE



Dwarf Beaked Snake
(*Dipsosa multimaculata*)

MILDLY VENOMOUS



Fork-marked Sand Snake
(*Psammophis tritaeniatus*)

MILDLY VENOMOUS



Bicoloured Quill-snouted Snake
(*Xenocalamus bicolor*)

MILDLY VENOMOUS



Bug-eyed House Snake
(*Boaedon mentalis*)

HARMLESS



Radiant Burrowing Scorpion
(*Uroplectes carinatus*) - Photo Luke Kemp

MILDLY VENOMOUS



Common Lesser-thicktail Scorpion
(*Uroplectes carinatus*) - Photo Luke Kemp

MILDLY VENOMOUS



Kalahari Thicktail Scorpion
(*Parabuthus raoulti*) - Photo Luke Kemp

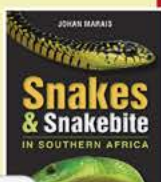
VENOMOUS



Rough Thicktail Scorpion
(*Parabuthus granulatus*) - Photo Luke Kemp

HIGHLY VENOMOUS

JOHAN MARAIS is the author of various books on reptiles including the best-seller *A Complete Guide to Snakes of Southern Africa*. He is a popular public speaker and CEO of the African Snakebite Institute (ASI). The African Snakebite Institute (ASI) offers a variety of courses in Snake Awareness, Scorpion Awareness and Venomous Snake Handling. ASI is accredited by the International Society of Zoological Sciences (ISZS) and Travel Doctor-approved service provider. The courses are also accredited by the Health Professions Council of South Africa (HPCSA). ASI is the largest provider of quality snake handling and safety equipment in Africa.



FREE ASI SNAKES APP

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EMERGENCY PROTOCOL

IN THE EVENT OF A SNAKE BITE

- 1 Keep the victim calm, immobilized and transport the victim to the closest hospital **without delay**.
- 2 If the victim stops breathing, resort to artificial respiration or make use of a Bag Valve Mask.
- 3 Call the Poison Information Centre help-line for further advice: 0861 555 777.

DO NOT

- ... apply a tourniquet.
 - ... cut and suck the wound.
 - ... use ice or very hot water.
 - ... give the victim alcohol.
 - ... apply electric shock.
 - ... inject antivenom randomly.
- Antivenom (if required) must be administered by a doctor in a hospital environment.

Download the high resolution poster [here](#).

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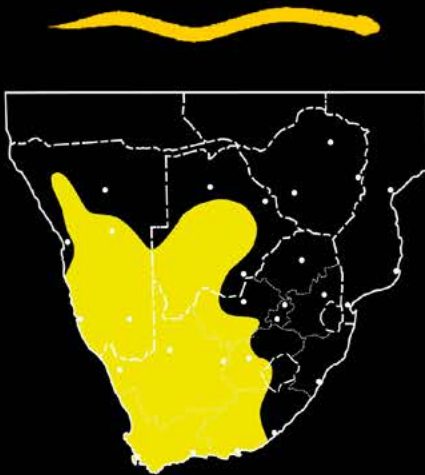
HIGHLY VENOMOUS



Cape Cobra

(*Naja nivea*)

Maximum Length:
2.3 m



Other names:

Geelslang, Kaapse Kobra, Koper kapel

This snake varies in colour from near black to dark or light brown, beige, yellow or speckled while juveniles have a dark band on the throat. The Cape Cobra is easily confused with the Mole Snake and the Black Spitting Cobra. It is by far our most dangerous cobra and with the Black Mamba it accounts for the majority of fatal snake bites in South Africa. The Cape Cobra may stand its ground if threatened and is quick to form a hood and bite. It occurs largely in the Cape provinces but extends into the Free State, Northwest, southern Botswana and Namibia. The venom is potently neurotoxic causing progressive weakness and may affect breathing rapidly. Victims need urgent hospitalisation and in a severe bite antivenom is essential.



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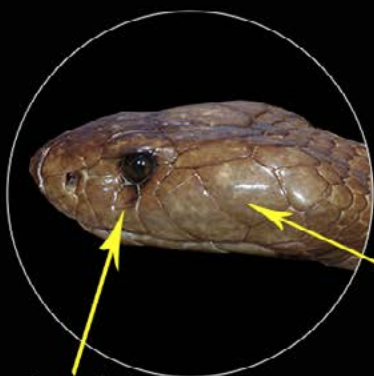
ASI EASY ID

Cape Cobra (*Naja nivea*)

HIGHLY VENOMOUS

Average length: 1.2 - 1.6 m. Maximum length: 2.3 m

Can be confused with: Mole Snakes, Black Spitting Cobras, Snouted Cobras



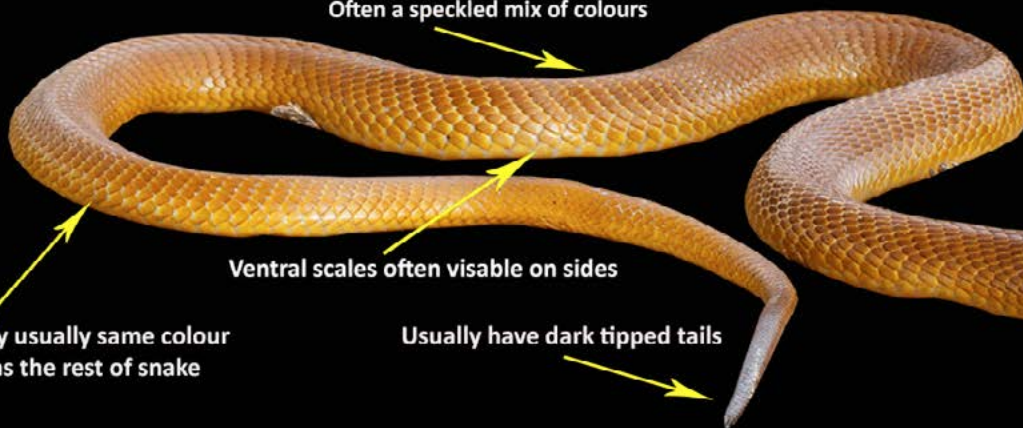
Often has a dark mark under the eye

Chunky cheeks for venom storage

Varies in colour from light yellow to brown, gold and black.
Often a speckled mix of colours

Spreads an impressive hood

Juveniles have a dark band on throat



Ventral scales often visible on sides

Belly usually same colour as the rest of snake

Usually have dark tipped tails

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Snakebite Profile

Cape Cobra

Naja nivea



Risk of Bites

The Cape Cobra is commonly encountered in suburbia, especially in areas where rodents are abundant. If cornered, it is quick to rear up and form a hood and if approached closely will bite readily.



Most Bites

Most victims are bitten on the lower leg or on a hand, often when attempting to capture or kill the snake.

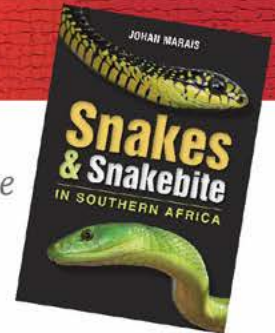


Symptoms & Venom

A potent and fast-acting neurotoxic venom that is quite similar to Black Mamba venom in its effects. It results in pins and needles in the lips, nausea, excessive sweating, drooping eyelids, difficulty in swallowing and eventually drowsiness and muscle pain followed by paralysis and respiratory failure. Some victims also experience some swelling. In severe cases victims become unresponsive within less than one hour.

See pages 49-51

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



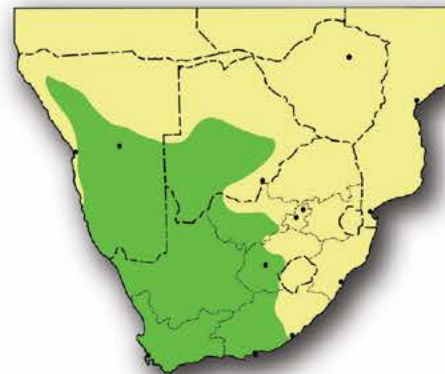
First Aid

Immobilise and reassure the patient, who must lie down in a rescue position. Immediately arrange transport to a hospital with emergency facilities. If far from a hospital, apply a pressure bandage (Page 19 of *Snakes and Snakebite in Southern Africa*). Resort to artificial respiration if the victim stops breathing.



Medical Treatment

In cases of severe envenomation patients are intubated and ventilated if they are not breathing. They are treated with 12-15 vials of SAVP Polyvalent antivenom. Additional vials of antivenom may be required at a later stage. Even after receiving antivenom, patients may remain unresponsive for a day or two.



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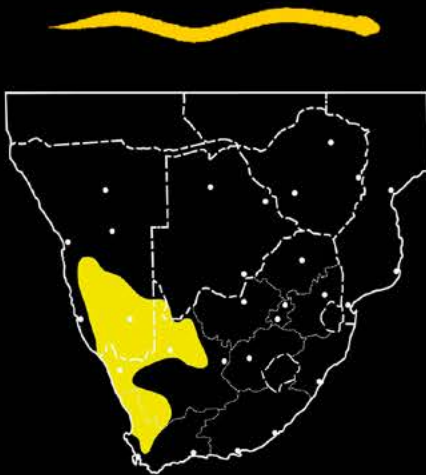


HIGHLY VENOMOUS



Black Spitting Cobra (*Naja nigricincta woodi*)

Maximum Length:
1.8 m



Other names:

Swart Spoegslang; Swart Spoegkobra

The Black Spitting Cobra occurs north-east from Cape Town through the Cederberg and northwards into much of Namaqualand extending east to Upington, Tswalu and Witsand Nature Reserves and north into southern Namibia.

It is active during the day and favours dry riverbeds and rocky hills. It is a shy and elusive snake that is quick to escape if encountered. Bites are extremely rare.

Its venom, like that of all spitting cobras, is potentially cytotoxic, causing severe pain, swelling and tissue damage. It also has the ability to spit its venom and does so effectively. It feeds on snakes, lizards and frogs.



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ASI EASY ID

Black Spitting Cobra (*Naja nigricincta woodi*)

HIGHLY VENOMOUS

Average length: 1.2 - 1.5 m. Maximum length: 2 m

Often confused with: Black Mole Snakes, Cape Cobras



Distribution is important

Chunky cheeks
for venom storage

Spreads a hood,
but can spit from
any position

Shiny black in colour

Spits profusely

Scales in
neat rows

Belly also black

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SNAKEBITE PROFILE

BLACK SPITTING COBRA

Naja nigricincta woodi



Risk Of Bites

Bites from the Black Spitting Cobra are extremely rare as this snake inhabits dry riverbeds and rocky terrain in arid areas. It is a nervous snake and is very quick to escape. If cornered, it will spit and attempt to escape.



Most Bites

There are few recorded bites, one to a prisoner in a jail cell in Piketberg, Western Cape. However, no fatalities have been recorded.

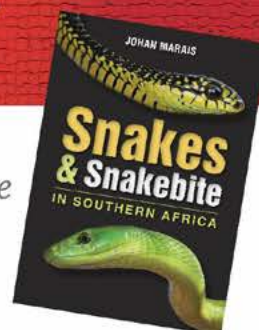


First Aid

Immobilise and reassure the patient. Elevate the affected limb. Remove tight clothing and jewelry. 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 patient to a medical doctor for further examination.

See pages 58-59

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



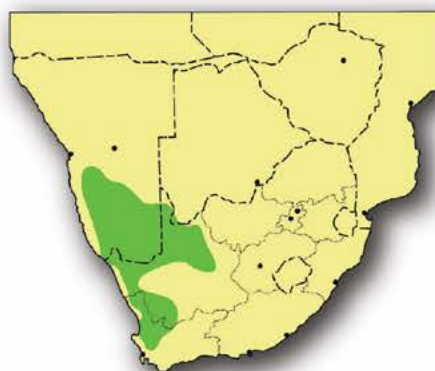
Symptoms & Venom

The venom of the Black Spitting Cobra is predominantly and potently cytotoxic. Symptoms include severe pain, progressive swelling and tissue damage.



Medical Treatment

In cases of severe envenomation with progressive swelling extending over 10-15 cm per hour from the bite, doctors administer 12 or more ampoules of polyvalent antivenom. Short-term use of NSAIDs and antibiotics is not recommended. Fasciotomies are rarely justified and should generally be avoided. Surgery for tissue damage may be necessary, however, it is seldom required within the first few days.



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HIGHLY VENOMOUS



Puff Adder

(*Bitis arietans*)

Maximum Length:
1.4 m



Other names:

Pofadder, Imbululu

The Puff Adder is widespread over much of southern Africa and further north into Africa. It is a heavy-bodied snake that relies on its excellent camouflage and is reluctant to move. Much of its life is spent in camouflage mode and recent research has shown that when hiding, the Puff Adder will not hiss or strike when approached, as this would give away its presence. It is an ambush hunter that will coil up into a striking position and await its prey. This can last several days or even weeks. Toads are lured closer with flicking of the tongue. Puff Adder venom is potently cytotoxic, causing severe pain, swelling, blistering and in many cases severe tissue damage. Polyvalent antivenom is effective.



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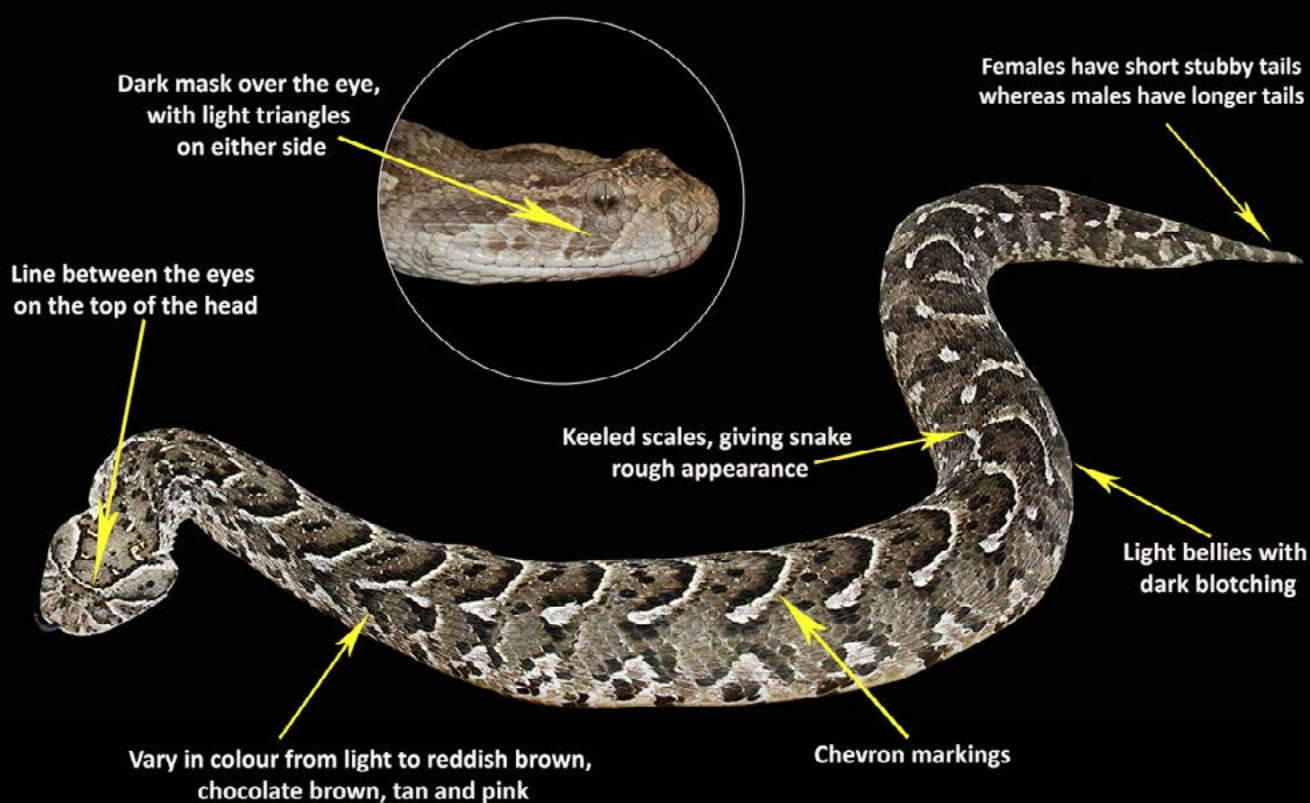
ASI EASY ID

Puff Adder (*Bitis arietans*)

HIGHLY VENOMOUS

Average length: 90 cm. Maximum length: 1.4 m

Often confused with: night adders and Berg Adders



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Snakebite Profile

Puff Adder

Bitis arietans



Risk Of Bites

Bites are common as this snake is widespread throughout most of southern Africa. Along with the Mozambique Spitting Cobra, these two snakes account for the majority of serious snakebites in southern Africa. Dogs are at risk and often get bitten when attempting to kill the snake.



Most Bites

Most victims are bitten at night when accidentally stepping on the snake, but bites are also inflicted during the day when the snake is basking. Most bites are on the feet or lower legs.

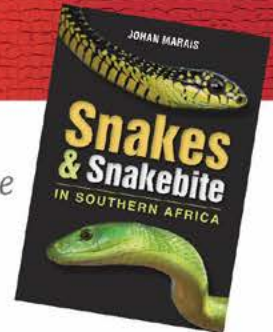


Symptoms & Venom

The venom is potently cytotoxic as well as haemotoxic. Symptoms include severe pain, progressive swelling, bleeding from the fang punctures, blistering and tissue damage. The lymph nodes may also be affected. Dogs may perish after a bite from this snake, unless treated with polyvalent antivenom, if required.



See pages 26-28
– *Snakes and Snakebite
in Southern Africa*
(2024).



First Aid

Immobilise and reassure the patient. Elevate the affected limb and remove tight clothing and jewelry. Promptly transport the victim to the nearest hospital that has emergency facilities. Avoid all other first aid remedies including bandages.



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, doctors will treat such bites with 6 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.

Fatalities are rare.



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VENOMOUS



Horned Adder (*Bitis caudalis*)

Maximum Length:
60 cm



Other names:

Horningsman, Horingadder

A small adder, averaging 25 – 40 cm with a maximum length of nearly 60 cm and usually has two prominent horns – one above each eye. It is widespread occurring from the Eastern Cape to the Western Cape, Northern Cape, North West, Gauteng and Limpopo, as well as further north. There is a great deal of colour variation, and this is usually linked to the colour of the sand in the area. The Horned Adder is active at dusk and likes to hide in the shade of bushes and rocks during the day where it may bury itself into the sand. When approached it inflates the body and hisses loudly and will strike repeatedly. The venom of this snake is cytotoxic, causing swelling and pain. Antivenom is not effective or required.



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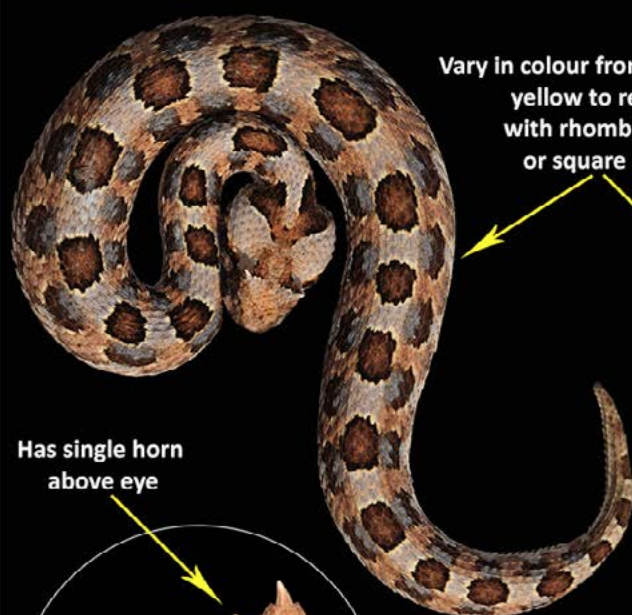
ASI EASY ID

Horned Adder (*Bitis caudalis*)

VENOMOUS

Average length: 40 cm. Maximum length: 60 cm

Often confused with: Puff Adders

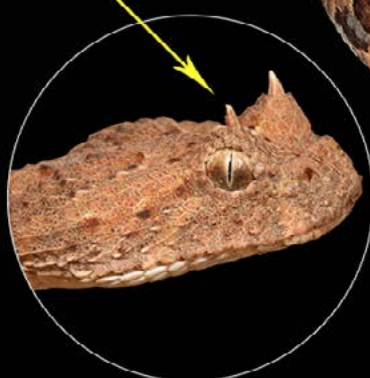


Vary in colour from grey to brown,
yellow to red/orange,
with rhombic, elliptical
or square splotches



Keeled scales
giving rough texture

Has single horn
above eye



Usually two lighter
patches on the edges
of the head,
from the eye to the
start of the neck,
bordered by a darker section



White to pearl belly

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SNAKEBITE PROFILE

HORNED ADDER

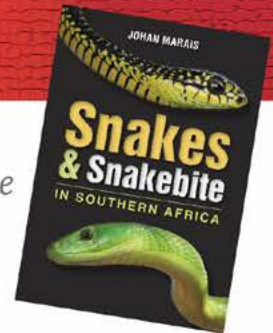
Bitis caudalis



Risk of Bites

Bites are not common - this is a very cryptic snake, which prefers to avoid humans.

See pages 35-37
– *Snakes and Snakebite
in Southern Africa*
(2024).



Most Bites

Most bites occur to snake keepers or people trying to capture a Horned Adder.



Symptoms & Venom

The venom is largely cytotoxic and causes severe pain, and swelling. In a few cases minor necrosis has been recorded.



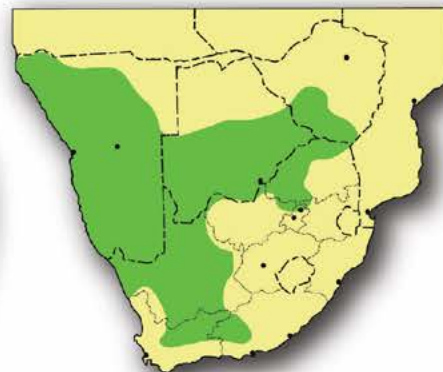
First Aid

Immobilise and reassure the patient and elevate the affected limb. Remove tight clothing and jewelry. Transport the victim to the nearest hospital or doctor for pain management. Avoid all other first aid remedies including bandages.



Medical Treatment

There is no antivenom for bites from Horned Adders, and patients may need to be treated for pain. No fatalities have been recorded by bites from this snake and symptoms resolve fully within a week or two.



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VENOMOUS



Bibron's Stiletto Snake

(Atractaspis bibronii)

**Maximum Length:
70 cm**



Other names:

**Bibron se Sypikslang; Moladder; Mole
Viper; Burrowing Asp**

After the Mozambique Spitting Cobra and Puff Adder, the Bibron's Stiletto Snake accounts for most serious snakebites in South Africa. It spends most of its life underground but often emerges on hot humid nights and may be stepped on. With large hinged fangs it cannot be handled safely and also cannot be held behind the head – it merely twists its head sideways and will get a fang to penetrate a fingertip. It is usually blackish brown in colour and is easily confused for a variety of harmless snakes. This snake averages 30 cm but can exceed 70 cm in length. Its venom is potently cytotoxic causing severe pain, swelling, blistering and necrosis. Antivenom is not available for this snake.



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ASI EASY ID

Bibron's Stiletto Snake (*Atractaspis bibronii*)

VENOMOUS

Average length: 40 - 60 cm. Maximum length: 98 cm

Often confused with: wolf snakes, blind snakes, purple-glossed snakes



Body is brown to blackish in colour

Short stubby tail with spike on the end

Tries to bury head in sand, forming an arch in its neck

Has single subcaudal scales

Belly may be white or same colour as body

Small pig-like eyes

Large hinged fangs

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+ SNAKEBITE PROFILE

BIBRON'S STILETTO SNAKE

Atractaspis bibronii

Risk of Bites

Bibron's Stiletto Snake is largely active at night, especially on warm summer nights after a bout of rain. It may also fall into swimming pools and may be brought indoors by cats.

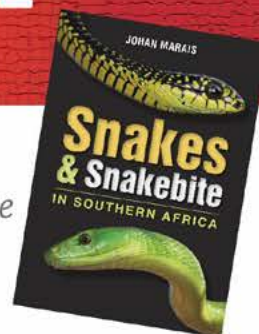
Most Bites

Most victims are bitten picking up Stiletto Snakes, mistaking them for a harmless snake. Otherwise, when stood on while walking barefoot at night.

Symptoms & Venom

The venom of this snake is potently cytotoxic, causing severe pain, local swelling, blistering, and potentially local tissue damage.

See pages 85-87
– *Snakes and Snakebite
in Southern Africa*
(2024).

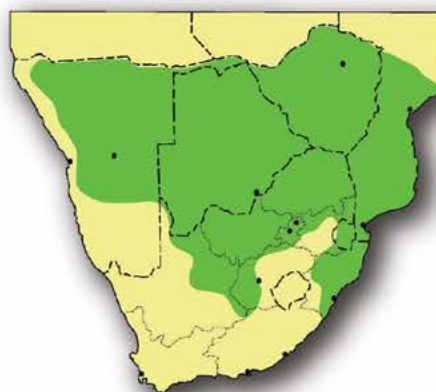


First Aid

There is virtually nothing that can be done. Elevate the affected limb and get to a hospital that has an emergency department.

Medical Treatment

As there is no antivenom for a bite from this snake, doctors need to treat for pain and rehydrate the victim. Anti-inflammatories, antibiotics and antihistamines are not effective and should not be administered. It is equally as important not to resort to any form of surgery for at least 5-7 days. Only thereafter should debridement be considered depending on the severity of the bite.



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CAN INFLICT A NASTY BITE



Mole Snake (*Pseudaspis cana*)

Maximum Length:
2.1 m



Other names:
Molslang

The Mole snake is a muscular day-active snake that spends much of its time down rodent burrows in search of food. It is widespread and occurs throughout most of Southern Africa. It is often encountered in the Cape, but not seen commonly elsewhere in the country. Individuals vary from black to dark brown, medium brown, light brown or even brick red, while the juveniles have bright markings. This snake is not venomous but does have pin-sharp teeth and is capable of quite serious bites that may even require stitches. Mole Snakes are often confused with the Cape Cobra and the venomous stiletto snake even though it does not resemble them.



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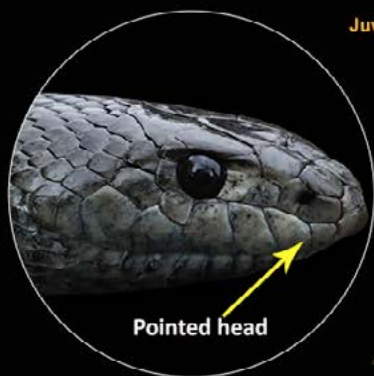
ASI EASY ID

Mole Snake (*Pseudaspis cana*)

NON-VENOMOUS, BUT CAN INFLICT A NASTY BITE

Average length: 1.2 m. Maximum length: 2.1 m

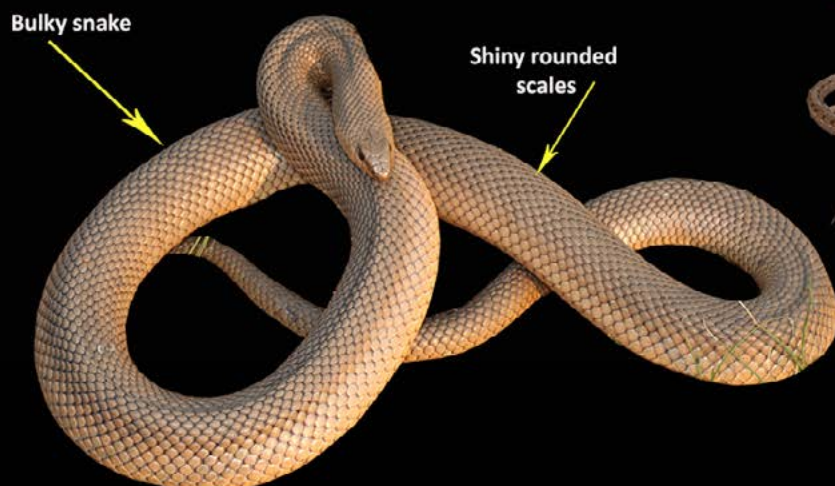
Often confused with: Cape Cobras, and Snouted Cobras.
Juveniles are often confused with egg-eaters, night adders and skaapstekers



Pointed head



Vary in colour from beige, brown, to reddish brown or black



Bulky snake

Shiny rounded scales



Juvenile Mole Snakes are usually light reddish to greyish brown in colour, with dark, usually zig-zag markings, light spots and mottling down the back

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MILDLY VENOMOUS



Dwarf Beaked Snake (*Dipsina multimaculata*)

Maximum Length:
50 cm



Other names:

Dwerghaakneusslang

A small well-patterned snake that averages 30-35 cm but may reach 50 cm in length. This species varies in colour, from tan-brown to reddish with darker splotches. There is usually a light V on the base of the head.

It lives on gravel plains with dispersed bushes in the Namib Desert, Karoo scrub and arid savanna. It usually hides at the base of a bushes or rocks and will disappear down a hole if disturbed. It hunts lizards, ambushing them under bushes. It is a docile snake but may assume a coiled position when threatened, mimicking the Horned Adder. The venom of this species has little effect on humans.



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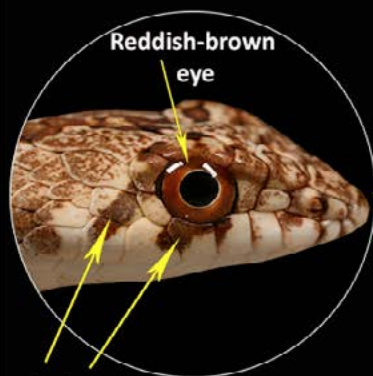
ASI EASY ID

Dwarf Beaked Snake (*Dipsina multimaculata*)

MILDLY VENOMOUS

Average length: 30 - 35 cm. Maximum length: 50 cm

Often confused with: Juvenile Mole Snakes, skaapstekers, dwarf adders



Reddish-brown
eye

Sharp, pointed face

Rough, textured
appearance

Pale buff to ash-grey
or light greyish to reddish-brown above,
with darker blotches

Dark angled
blotch below
and behind eye



Belly pinkish-cream
to white with
dark spots

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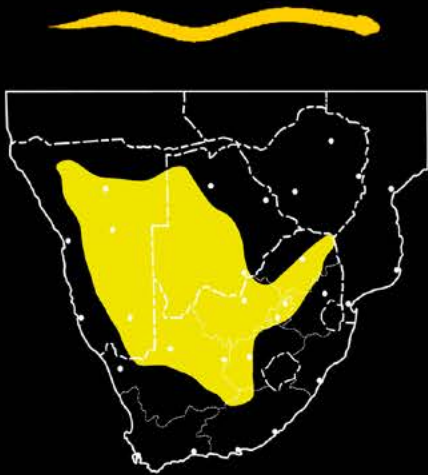


MILDLY VENOMOUS



Fork-marked Sand Snake (*Psammophis trinasalis*)

Maximum Length:
1.1 m



Other names:

Vurkmerksandslang, Kalahari Sand Snake

A slender, fast-moving diurnal snake that averages 50-80 cm, but may reach a length of 1.1 meters. It occurs largely in Kalahari thornveld and arid grasslands of the western Free State, Northern Cape and further north extending into Botswana and Namibia. Like many of the sand snakes, this species has stripes running down the length of the body. This snake often basks near a permanent retreat from where it hunts for ground-living lizards, snakes and small rodents. When disturbed it is quick to escape or freeze, relying on its camouflage to avoid detection. The venom of this back-fanged snake is mild and has virtually no effect on humans.



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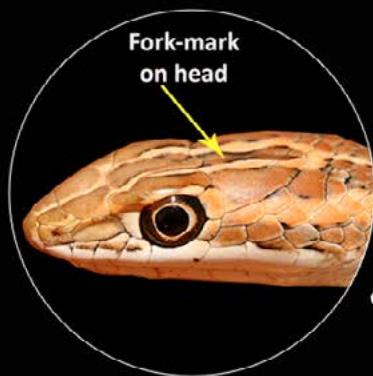
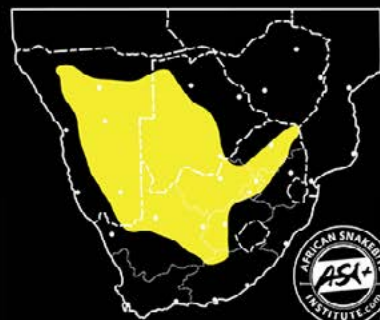
ASI EASY ID

Fork-marked Sand Snake (*Psammophis trinasalis*)

MILDLY VENOMOUS

Average length: 75 cm. Maximum length: 1.1 m

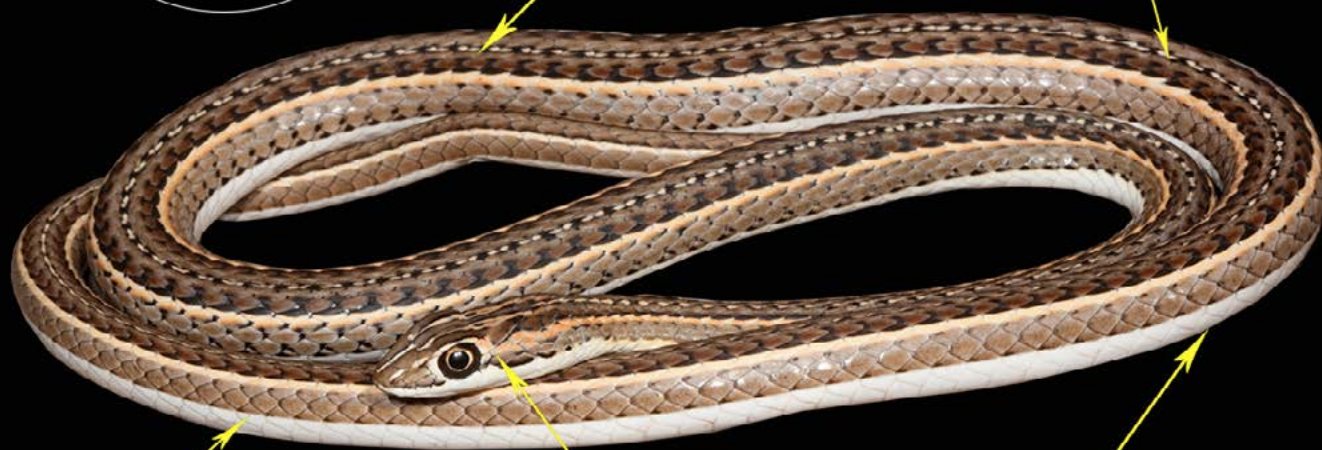
Often confused with: other sand snakes



Fork-mark
on head

Dark brown to light
grey-brown above,
with yellow stripes and barring
on the head that usually forms a fork

A series of fine yellow spots
form a vertebral line
with a narrow yellow
dorsolateral line on either side



The flanks are lighter
than the dorsal parts

Light stripe starts
at back of eye

Belly has a mottled
grey median band

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MILDLY VENOMOUS



Bicoloured Quill-snouted Snake (*Xenocalamus b. bicolor*)

Maximum Length:
72 cm



Other names:

Tweekleur Spitneusslang

A colourful nocturnal snake that is usually dark brown or black on top, with yellow or white sides. It is fossorial, only coming to the surface on hot, moist summer nights. It is a long thin snake averaging 30-50 cm in length.

The quill-snouted snakes are slow-moving snakes that hunt for legless lizards underground or in leaf litter at night.

This species is easily identified by its pronounced quill-like snout. Its venom is mild and has little effect on humans.



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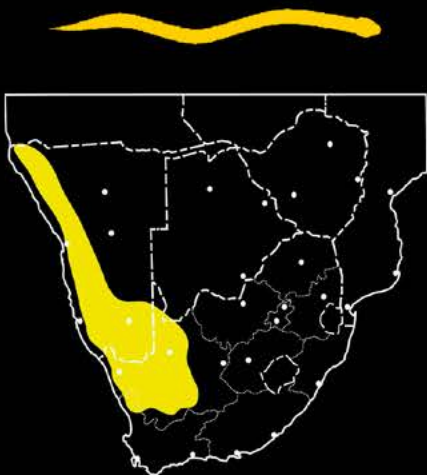


HARMLESS



Bug-eyed House Snake (*Boaedon mentalis*)

Maximum Length:
60 cm



Other names:

Groot-oog Huislang

The Bug-eyed House Snake is found in the dry scrub of the Northern Cape, adjacent Western Cape and Namibia. It inhabits Namaqua flats and rocky outcrops. It is completely harmless and relies on muscle power to constrict its prey which is mainly lizards, especially geckos, and small rodents.

This snake is active at night and is relatively slow-moving. Most individuals are light tan to pink in colour with large bulging eyes. Two light yellow lines run down either side of the head – one from the nose through the top of the eye to the back of the head and the other from the back of the eye to the angle of the jaw. These lines may fade in adults.



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ASI EASY ID

Bug-eyed House Snake (*Boaedon mentalis*)

HARMLESS

Average length: 35 cm. Maximum length: 60 cm

Can be confused with: Brown House Snakes



Belly is generally
a pearl colour

Body varies in colour from light brown to
tan or pale pink

One yellowish line from
the nose through the top
of the eye to the
back of the head

Bulging, bug-like eyes

A second yellowish line
from the back of the eye
to the angle of the jaw

Note the lines above
and below the eye
(these lines fade with age)

3 supralabial scales
making contact with
the eye

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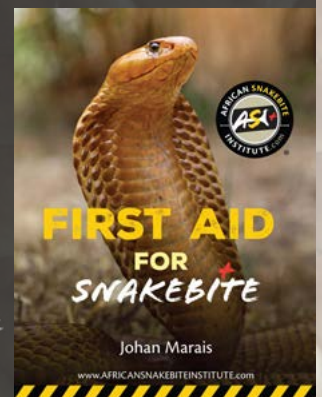
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IN THE EVENT OF A SNAKEBITE, DO NOT...

- ✦ Do not try to cut or suck out the venom. Never cut the bite site as cutting may do far more harm than good. Sucking does not remove significant amounts of venom.
- ✦ Do not apply any electric shock therapy. Shock treatments have been tested extensively and have been shown to have no effect on the outcome of the bite. Electric shocks do not neutralise snake venom.
- ✦ Do not apply a tourniquet. Many people are bitten by harmless snakes or venomous snakes that do not inject sufficient venom to cause serious damage. Arterial or venous tourniquets are not advised in most bites as venom is transported largely through the lymphatic system and not through veins. There is little evidence that a tourniquet could be life-saving following a snakebite.
- ✦ Do not apply heat, ice, lotions or potions. Apart from cleaning the bite site with water and applying a sterile gauze dressing nothing should be applied to the bite. Very hot water does not neutralise snake venom.
- ✦ Do not inject antivenom as a first aid measure. Most snakebite victims do not require antivenom and the polyvalent antivenom is only effective for the bites of certain potentially deadly snakes. If required, antivenom must be injected intravenously by a medical doctor and usually in large quantities. As victims may go into anaphylactic shock when injected with antivenom, adrenaline and other drugs may also be required. Anaphylactic shock is a serious medical condition which may be fatal if not treated promptly.

FIRST AID KITS

We stock a wide range of First Aid for Snakebite Kits, as well as Smart Pressure Bandages, Resuscitators, and first aid books. View the range online [here](#).



FIRST AID FOR SNAKEBITE



IN THE EVENT OF A SNAKEBITE, DO...

- ✦ Do get the victim to a hospital as soon as possible and in a safe manner. This is by far the most important first aid measure. For medical advice in a snakebite emergency, call the African Snakebite Institute **+27 (0)82 494 2039**.
- ✦ Do keep the victim calm. Often easier said than done as people tend to panic in a snakebite emergency. Many snakebite victims go into shock, experience a drop in blood pressure and may even become nauseous and faint. If possible, do not allow the victim to walk, run, jump etc. Bear in mind that more than 99% of snakebite victims that are hospitalised within a few hours survive their snakebites.
- ✦ Do remove jewellery as well as tight clothing. If bitten on the hand/arm/foot/lower leg, remove rings, bangles, bracelets, watches, anklets and any other tight jewellery including tight clothing.
- ✦ Do administer artificial respiration if patient stops breathing. In serious snakebite cases involving snakes with predominantly neurotoxic venom, like the Black Mamba or Cape Cobra, the victim may soon experience difficulty with breathing, even within 20 minutes. This is a very serious medical condition and assisted breathing could be life-saving. Mouth-to-mouth resuscitation may be beneficial in the short term, but the proper use of a Bag Valve Mask is far better in such an instance.

SPITTING SNAKES

- ✦ The common spitting snakes in South Africa are the Mozambique Spitting Cobra or M'Fezi and the Rinkhals. In the western parts of the country these are replaced by the Black Spitting Cobra. These snakes spray their venom up to a distance of three metres and do so in self-defence to temporarily blind their attacker so that they can make a quick escape.
- ✦ Although spitting snakes accurately aim for the eyes, the venom diffuses into a spray over a wide area and may get onto your hair, face, arms and chest. Venom in the eyes is very painful and must be flushed or diluted as quickly as possible. The production of tears starts this process, but as a first aid measure, flush the eyes with water or a weak (normal) saline solution. The idea is to flush away any excess venom. Transport the victim to a medical doctor, who will examine the eyes for corneal damage and prescribe antibiotic eye drops to prevent secondary infection. There is no reason to use diluted antivenom – it has no proven benefits and may cause an allergic reaction.
- ✦ If treated quickly, the chance of permanent damage to the eyes is extremely remote.

SNAKEBITE EMERGENCY NUMBERS

Netcare Ambulance: 082 911

ER24 Ambulance: 084 124

Provincial Ambulance: 10177/112

African Snakebite Institute: +27 (0)82 494 2039

HOSPITALS AROUND ASKHAM

Dr. Harry Surtie Hospital (Upington)

Tel: 054 332 9000

(-28.458929, 21.232821)

30A Davitz St, Upington Extension,
Upington, 8801

Mediclinic Upington Hospital

Tel: 086 188 8778

(-28.439990, 21.266962)

29 4th Ave, Oosterville, Upington,
8801



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The ASI team travels thousands of kilometres a month, often to remote parts of southern Africa, for both snake awareness and venomous snake handling training and for reptile surveys.

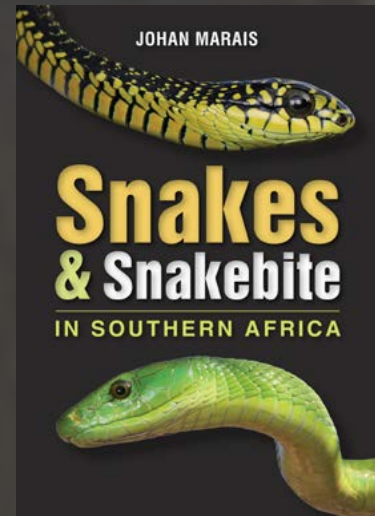
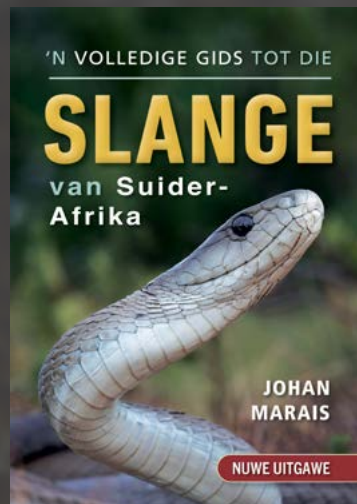
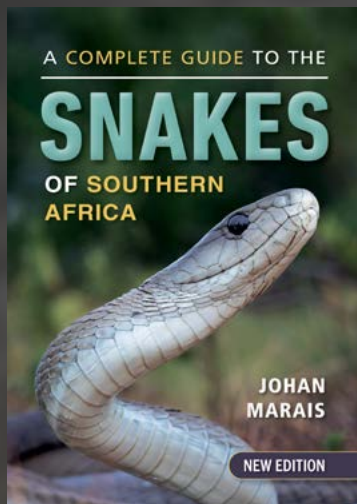
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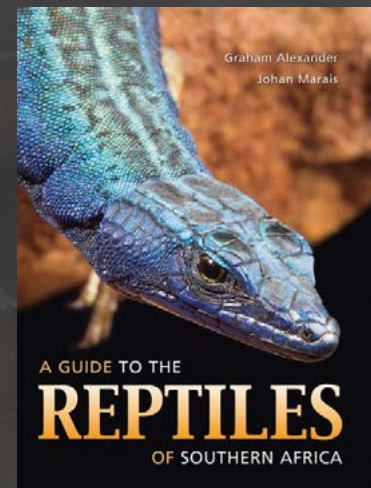
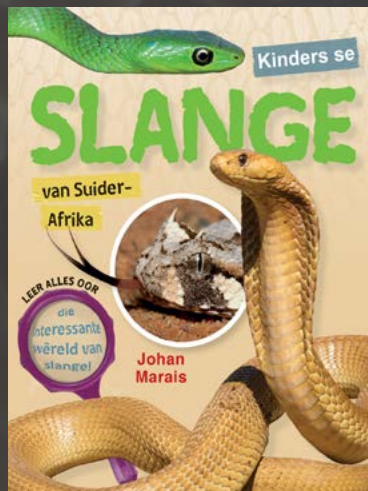
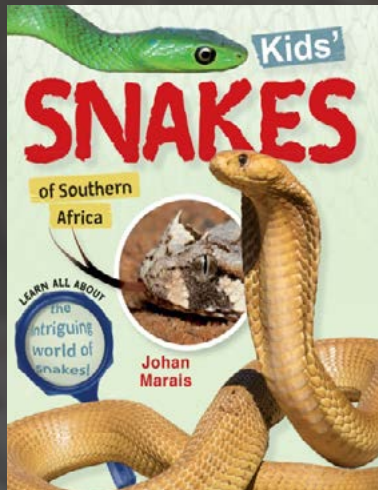
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MORE RESOURCES



SHOP OUR RANGE OF BOOKS ONLINE [HERE](#).



CONTACT US

Snake Courses: +27 64 704 7229 or courses@asiorg.co.za

Snake Handling Equipment: +27 60 957 2713 or info@asiorg.co.za

Snake Identification: +27 72 979 1249 or support@asiorg.co.za

Snakebite Emergencies: +27 82 494 2039

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