THE SANE PREPPER

Prepared... WITHOUT the crazy!

Treating Snake Bite In A Survival Situation

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How To Treat A Snake Bite In A Survival Situation

Here's the thing about snake bites — most of what people think they know about treating one is wrong. Not a little wrong. Dangerously wrong. The stuff people have seen in movies and heard around campfires for decades can actually make things worse. So before we talk about what to do, let's talk about what not to do, because in a survival situation the wrong move can turn a bad situation into a fatal one.

No Cutting and No Sucking!

This is the biggie. You have probably seen it in every Western and survival movie ever made. Person gets bit, someone pulls out a knife, makes an X over the fang marks, and sucks out the venom. Looks heroic. Doesn't work. The venom moves into your system faster than any human mouth can extract it, and all you accomplish is introducing bacteria into an open wound and potentially poisoning the person doing the sucking if they have any sores or cuts in their mouth. Do not do this.

No Tourniquet!

Cutting off blood flow to a bitten limb does not stop venom. It concentrates it. When that tourniquet eventually comes off — and it has to come off — you get a flood of toxins hitting the system all at once, plus you have now potentially damaged tissue from oxygen deprivation. Leave the tourniquet in the kit for actual bleeding emergencies.

No Ice!

Cold does not neutralize venom. It constricts blood vessels in a way that can actually damage tissue faster. Do not pack the bite in ice or submerge it in cold water.

Stay Calm And Stay Still

This is not just something you say to make someone feel better. It is genuinely the most important first step. Elevated heart rate from panic pumps venom through the system faster. The person who got bit needs to sit down, slow their breathing, and not move that limb any more than necessary. If it was a hand or arm bite, take off any rings or bracelets right now — before the swelling starts — because once swelling sets in you will not be able to remove them and they can cut off circulation.

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Get Away From The Snake

Do not try to catch it, kill it, or get a closer look. A dead snake can still bite by reflex for up to an hour after it is dead. A cornered snake will bite again. Back away, give it space, and leave it alone. You do not need the snake to get treatment — doctors and poison control centers can work from your description of the bite and symptoms.

Position The Bite Below Heart Level

Keep the bitten limb lower than the heart. This is simple physics — it slows the spread of venom through the bloodstream. If it was a foot or leg, have the person sit or lie down and keep the leg as still as possible. If it was a hand or arm, keep it hanging at the side or supported below chest level.

Mark The Swelling And Time

If you have a pen or marker, draw a line around the edge of any swelling and write the time next to it. Do this every fifteen to thirty minutes. This tells you — and eventually medical personnel — how fast the venom is spreading. Rapid spread is a critical indicator. Slow or no spread is a good sign.

Watch For These Symptoms

Not every snake that bites you is venomous. In North America, the majority of snake species are not. But you treat every bite as venomous until you know otherwise. Watch for these signs that venom is involved:

- Severe pain and swelling at the bite site, spreading up the limb
- Nausea or vomiting
- Difficulty breathing
- Blurred or double vision
- Numbness or tingling in the face, hands, or feet
- Dizziness or fainting
- A metallic or rubbery taste in the mouth

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These are your red flags. Any one of them tells you this is a medical emergency and the priority is getting to professional help by the fastest means available.

Immobilize The Limb If Possible

You can fashion a loose splint from sticks and cloth or strips of clothing to keep the limb from bending and moving. The goal is not to cut off circulation — it should be loose — just to limit movement. Splint it in the position it was in when it was bitten and do not try to straighten a bent joint.

Get To Help If You Can

Antivenom is the only actual treatment for serious envenomation. Everything else you do in a survival situation is buying time and managing the damage until you can get the person to medical care. This means your number one job after immediate first aid is figuring out how to move them to help, or how to get help to them. If they can walk, they should walk slowly. Do not run. Do not carry them over rough terrain if it can be avoided. Calm, slow, deliberate movement.

If there is any possibility of reaching medical care — any at all — that is the mission. A hospital two hours away is worth every minute of that drive.

When Medical Help Is Not Coming

This is the part nobody wants to talk about honestly. Most survival guides either skip it or dress it up with home remedies that sound useful but aren't. So here is the plain truth.

There is no field substitute for antivenom. No herb, no poultice, no activated charcoal, no essential oil, no folk remedy changes what venom does inside a human body. If someone tells you otherwise they are selling something. Do not waste time or energy on any of it.

What You Can Do Is Supportive Care.

That means keeping the person alive and as stable as possible while their body deals with what it has been dealt. It is not glamorous. It is not dramatic. But it is what works when nothing else is available.

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Keep them still and calm.

Fear and movement accelerate the spread of venom. Talk to them. Keep their mind occupied. Fear is physical — it raises the heart rate, it tightens the chest, it makes everything worse. Your voice and your presence matter more than you might think.

Keep them hydrated.

If they can swallow without difficulty, give them clean water in small, steady amounts. Do not give alcohol — it dilates blood vessels and speeds venom absorption. Do not give aspirin or ibuprofen — these thin the blood and can worsen the internal bleeding that some venoms cause. Plain water is what you have and plain water is what you give.

Keep them warm.

Shock is a real risk with serious envenomation. Wrap them in whatever you have — a sleeping bag, a blanket, extra clothing. Keep them off the cold ground if at all possible. Shock kills people who might otherwise survive.

Manage the limb.

Keep it immobilized and below heart level. As swelling increases the skin can become tight and painful. Do not try to lance or drain the swelling — you will cause infection and additional damage. Leave it alone and keep it still.

Watch the breathing.

This is your most critical job. Some venoms — particularly neurotoxic ones like coral snake venom — attack the nervous system and can eventually affect the muscles that control breathing. If breathing becomes labored or shallow, you need to be prepared to assist. If you know rescue breathing, be ready to use it. Position them on their side if they lose consciousness so the airway stays clear.

Watch for signs of anaphylactic shock.

Some people have severe allergic reactions to venom independent of the toxicity itself. Signs include hives, rapid swelling of the face or throat, extreme difficulty breathing, and a sudden drop in alertness. This is a life-threatening emergency. If you have an epinephrine auto-injector in your kit — and you should — this is when you use it.

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Be honest about the timeline.

Most healthy adults can survive a venomous snake bite without antivenom. That is the good news. The bad news is that surviving and coming through undamaged are two different things. Tissue death around the bite site is common with pit viper bites. There can be lasting nerve damage. The road through it without medical care is painful and slow. Your job is to get them to the other side of it.

And when the situation stabilizes — when the immediate crisis has passed and you have done everything you can do — you keep watching. Secondary infections are a serious risk in the days that follow. Keep the bite site as clean as you can manage. Watch for increasing redness, warmth, and swelling that spreads rather than recedes. Fever is a warning sign. These are signs of infection taking hold and they need to be addressed.

There are no magic words here…

No secret technique that changes the equation. Supportive care, calm, stillness, hydration, warmth, and time. That is what you have. Use it well.

Know Your Local Snakes Before You Need To

The best snake bite treatment is AVOIDING one in the first place, and the second best thing is KNOWING what bit you.

In North America, the venomous snakes you are most likely to encounter are pit vipers — rattlesnakes, copperheads, and cottonmouths — and the coral snake. Pit vipers have triangular heads, heat-sensing pits between the eye and nostril, and vertical slit pupils.

Coral snakes are slender with distinctive red, yellow, and black banding — "red touches yellow, kill a fellow" is the old rhyme and it actually holds for North American coral snakes.

Learn what lives in your area...

Know what they look like. Know where they like to be — rocky ledges, brush piles, tall grass, near water. Watch where you put your hands and feet when you are out in the field. Wear boots and long pants. Shake out your boots and gear if they have been sitting outside.

Most snake bites happen to people who are handling snakes, trying to kill snakes, or not watching where they are stepping. You can take most of that risk off the table just by being aware and leaving the snakes alone.

Practice: Look up the venomous snake species that live within a hundred miles of where you are right now. Learn to identify them. Then look up the nearest facility that carries antivenom. That is information worth having before you ever need it.

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