

If the patient has been bitten by a Red Back Spider, within 2 hours of administration of antivenom, often within 30 minutes, there should be some resolution of symptoms of envenoming. This may be a complete and permanent resolution, a partial resolution, or resolution with subsequent relapse. In the latter two situations, another 2 vials of antivenom should be given. Occasionally, even further antivenom is required. A case of suspected Red Back Spider bite in which there is no

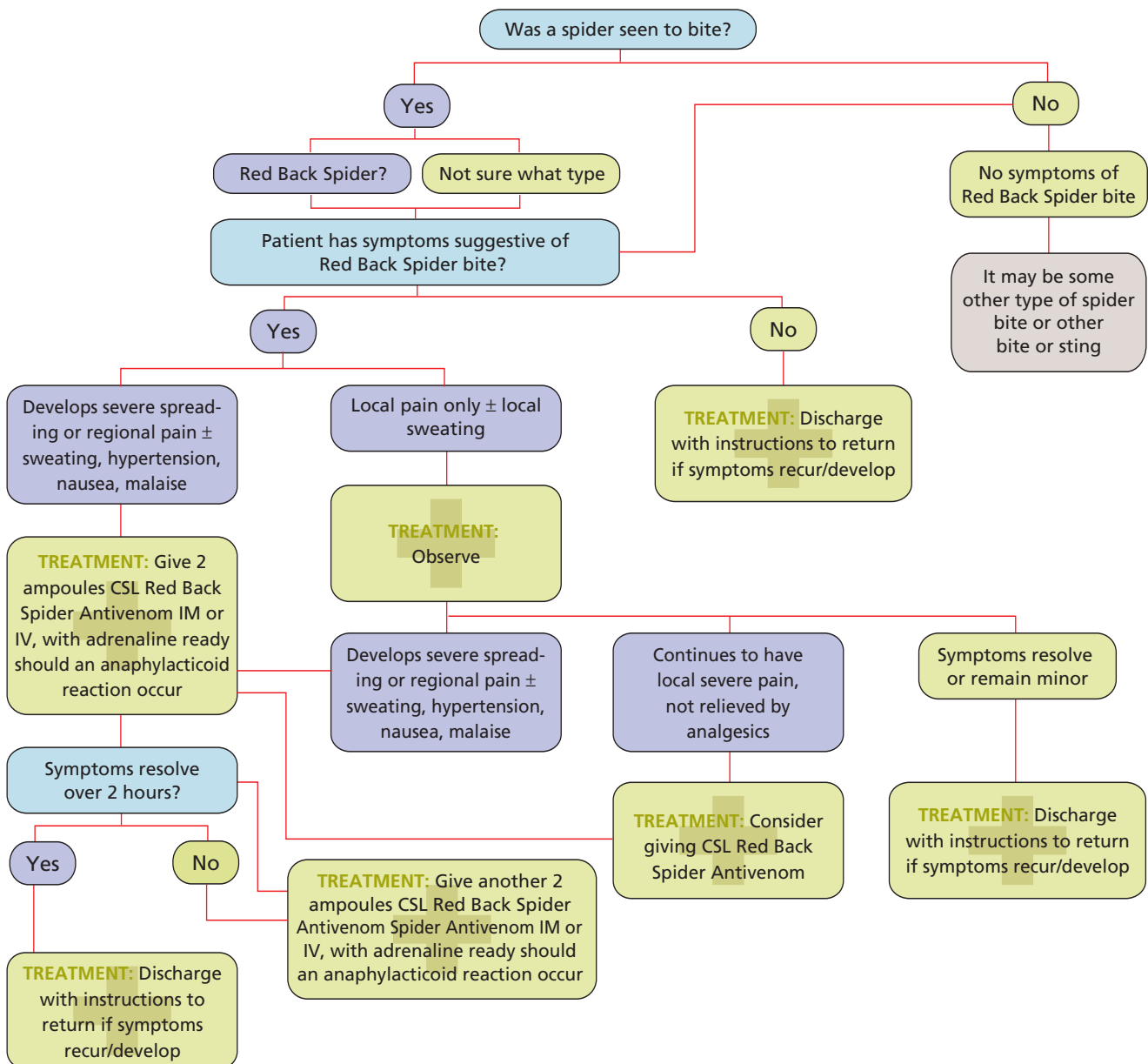
discernible response to 4 vials of antivenom is most likely not a case of latrodectism (Red Back Spider envenoming).

If in doubt, ring the **NSW Poisons Information Centre on 131126** or the local Critical Care Referral Network.

The spiderbite decision algorithm (Figure 52) should be utilised to determine if a Red Back Spider bite is likely before proceeding to the Red Back Spider clinical management flow chart.

Figure (56) Red Back Spider clinical management flow chart

Start here → **Patient presents with possible Red Back Spider bite**



- Clinical features of Red Back Spider bite**
- Local pain, often severe ± local sweating
 - Spreading pain, often severe
 - Increased sweating
 - Increased blood pressure
 - Nausea ± malaise
 - Generalised or regional severe pain (may mimic myocardial ischaemic pain or acute abdomen)

Please note: This chart cannot cover all possible situations and assumes an understanding of the symptoms and signs of local, general and specific envenoming by Australian Red Back Spiders. If in doubt, seek advice from the **Poisons Information Centre (131 126)** and from your local **Critical Care Referral Network**. © 1998 Dr Julian White