



Foundation for
National Parks
& Wildlife



“

The information supplied in this booklet is intended to assist veterinary practitioners in providing initial care and first aid to wild snakes. The information provided has been sourced from and reviewed by qualified veterinarians. Snakes requiring ongoing hospitalisation will require input from experienced rehabilitators to address husbandry and housing needs. Snakes no longer requiring veterinary care should be transferred to an appropriate rehabilitator as soon as possible.

Supported by:



Australian Government

The Wildlife Heroes National Program is supported by the Australian Government's Wildlife Rescue and Rehabilitation Initiative.



Wildlife
Friendly
Vet



Wildlife Heroes
Caring for our Backyard Buddies



Foundation for
National Parks
& Wildlife



Snakes Veterinary Triage & Assessment



Wildlife
Friendly
Vet



Wildlife Heroes
Caring for our Backyard Buddies

Triage & Assessment of SNAKES

Handling

Venomous snakes must be held by trained specialists. Do not attempt to handle a venomous snake unless you are an experienced and trained snake handler. The following information applies to non-venomous species ONLY.

- Do not handle a snake if you are unsure of the species. Contact an appropriate snake handler or rehabilitator.
- Minimise handling if a snake has just eaten to avoid regurgitation, or if the snake is opaque (with cloudy eyes prior to shedding), as they will have reduced sight, and are more likely to strike.

Slow, gentle movements and adequate support are the keys to proper snake handling. Always know where the snake's head is to avoid startling the animal.
- Handling techniques vary depending on the size and demeanor of the snake. Some large, passive, non venomous snakes can be held loosely around the neck, with the body coiling around your arm or waist to help support its body weight (a). Alternatively, for a firmer grip you can place your fingers on top of its head and your thumb and little finger underneath for grip (b). If inside a bag, the head can be grasped through the material prior to removal.
- Never let the body hang freely without adequate support. For safety reasons and to support the snake's body weight, 2 people should handle any snake over 1.5 metres long.
- Pythons have backward facing teeth; if you are bitten avoid pulling the snake off. To remove, squeeze together the corners of the snake's mouth or place some liquid soap in its mouth. If still attached, push the head forward to release – not backwards – to avoid further damage to yourself and the snake.



Be aware

- **All wild snakes should be regarded as potentially dangerous.** Place the tub or bag it came in inside a plastic container, label and call your local snake handler or care group for assistance if you are unsure.
- Sea snakes are venomous and can be identified by their flattened, oar like tail.
- Snakes are escape artists; ensure containers are sealed well, or leave snakes tied in a pillow case/calico bag.
- Juvenile snakes do not require parental care.

Fluid therapy

- Warm the fluids being administered to an appropriate body temperature for the species.
- SC fluids can be given in thin loose ventral skin.
- Give 3% - 5% (maximum) of body weight at a time.
- Suitable fluids include: 0.45% NaCl and 2.5% glucose, and Hartmann's Solution.

Housing

- For temporary housing use a smooth sided tub with newspaper or towels to line the bottom, a hide (small empty box), furniture to climb on and use for shedding, a bowl of water for soaking and a ventilated and well-sealed lid (c). To avoid stress, always cover the box.
- Snakes are ectotherms, and require a temperature gradient throughout their enclosure, so that they can heat themselves up to their preferred temperature (variable amongst species) and cool themselves if required.
- Use a temperature probe that connects to a basking light that heats up only one half of the enclosure. Alternatively, a heat pad can be placed under one half of the enclosure.
- Snakes seek heat - never leave an exposed heat source inside the enclosure, as this can cause serious burns to the snake.



Anaesthesia

- Warm the patient prior to and during anaesthesia, and ensure they are fasted to prevent regurgitation.
- Use IM or IV agents for initial sedation then intubate and achieve deeper induction with 5% isoflurane.
- Mask induction is slow and unpredictable as many species can breath-hold, so injectable agents are recommended.
- For venomous species, an experienced handler will aid them to slide into a modified clear tube; this can then be connected to an anaesthetic machine.
- IPPV is required throughout anaesthesia.
- Use a Doppler blood flow monitor.
- **For intubation:** Use an uncuffed endotracheal tube or catheter tip. Use long tipped cotton buds to assist in opening the mouth and exposing the glottis, being careful not to damage teeth.
- Insert the endotracheal tube with the aid of an anaesthetic spray and tie in with micropore tape; be careful not to damage any scales when removing. Keep cotton tips in to help prevent perforation of the tube.
- Snakes can become very flaccid during surgery; to assist with moving either strap to a long board or tape their head on a clipboard to reduce the chance of the endotracheal tube being pulled out.
- Reptiles are slow to recover. Recovery can be aided by swapping the oxygen to an ambu bag that blows room temperature air (d).



Feeding

- Snakes can go months without eating; if in good body condition it is best not to feed snakes whilst receiving treatment and being handled regularly, due to the risk of regurgitation.
- If feeding is required, feed defrosted dead mice; never live prey items.
- Feed using tongs – present the food in front of them with movement; this can take up to 20 minutes.

Examination

- Reptiles can mask illness well. While a physical examination is helpful in characterising certain problems, available diagnostic tests should also be used.
- When first observed, snakes may appear slow and still due to cooling during transit. Warm the snake before examination.
- Snakes should have active tongues, and the body should grip if handled. A sick snake will often remain limp.
- Skin should be bright and shiny – check for retained shed, blisters, discharge, loss of scales, lacerations and parasites. Assess skin tenting for dehydration.
- The eyes should be clear and not wrinkled or distended (although they may appear bluish-white prior to shedding).
- Use an object to gently open the mouth without damaging the delicate gingiva and teeth. Mucous membranes should be pale to pink and glistening. The glottis should be free of discharge, and the teeth/jaw inspected for fractures.
- Assess the bulk and tone of the muscles – the body should be rounded.
- Palpation can be performed ventrally between the ends of the ribs to assess the coelomic cavity for abnormalities. In larger snakes this can be difficult due to musculature.
- Check the cloaca and vent for discharge and swelling.
- Analgesia in reptiles is poorly understood – but any injuries are likely causing the animal pain. Consult an experienced vet about pain relief and beware of respiratory depression.

Euthanasia

Fauna should be euthanised immediately when:

- Death is imminent or highly likely, regardless of the treatment provided.
- It is suffering from chronic, un-relievable pain or distress.
- It is carrying or is suspected to be carrying an incurable disease that may pose a health risk to wild animals.
- Its ability to consume food unaided is permanently impaired (e.g. injured jaw, loss of vision).

Anaesthesia is required prior to euthanasia. Once anaesthetised, euthanise by IV (ventral coccygeal vein) or intracardiac injection of sodium pentobarbitone. Actual death in reptiles can be difficult to ascertain, and may require use of a Doppler machine or ultrasound. Once unconscious or dead, a second adjunctive method should be used such as decapitation with a sharp knife or pithing of the brain to destroy brain tissue.

Scan QR code for more resources

