Prospective clinical trial

Inclusion: Age >10y, progressive symptoms, mild to moderate crotalid envenomation as determined by clinician, present within 6hours

Exclusion: Copperhead snake bite, major organ disease, hypersensitivity to sheep derived products, pregnancy/breastfeeding, systemic corticosteroids, experimental drugs

Each patient given a crotalid antivenin Fab

Platelet, pt/ptt, fibrinogen split products measured

48hour hospital admission

Of 38 who completed study, 29 developed coagulopathy at some point

Of those, 20 were labeled as late, persistent, or recurrent

Late defined as normal initial lab work, coagulopathy >12 hours after antivenin administration

Persistent defined as continued abnormality at time of discharge

Recurrent defined as abnormal in the first 12 hours, normalized, then abnormal on follow up testing

No patient experienced major bleeding, 1 minor bleeding after surgery

Conclusion: Prolonged or recurrent coagulopathy is a real entity that needs to be considered when initially evaluating, educating patients, and treating patients after suffering from an envenomation