Brown Recluse Spider Envenomation Clinical Practice Guideline children's Hospital at Vanderbilt **Patient Management Consult Toxicology** yes Admit to ICU** Obtain Urinalysis, CBC*** Alert Hematology Transfuse to maintain hematocrit >30 Positive for blood yes without RBCs on microscopy? Patient presents with Any of the following: cutaneous lesion suggestive yes Fever or systemic Ill or toxic appearing of Brown Recluse (diffuse) rash? Hypotension Envenomation Tachycardia Hematocrit <30 no no **Wound Care Instructions** Intermittent ice for pain **Admit to Inpatient** Medical follow-up **Consult Toxicology** within 24 hours Frequent assessment of Return to ED sooner for vitals, hematocrit, UA dark urine yes Loxoscelism: beware! Up to 25% of patients may demonstrate significant hemolysis with no evidence of Reassess in 24 hours: Fever or *systemic* rash? abnormal UA. Rapid fall in hematocrit (regardless of initial normal value) requires escalation of care and close monitoring. no Discharge with teaching **If an adult patient, can consider admitting to step down unit This guideline does not take into account individual patient situations, and does not substitute for clinical judgment