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## Snake Bit

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## Snake Bit

by S. Ray Granade

10/17/2014

I knew that the backstory I'd created was completely wrong as soon as I saw him. Two of us nurses were on ER duty when paramedics called to say that they were bringing in a snake-bite victim. The news excited us; Alabamians boast that the state hosts all but one of the world's poisonous (they mean venomous) varieties, but this was the season's first snake bite and my own introduction to their live treatment.

Between call and arrival, we conjured up a scenario of how the strike had occurred. All we knew for sure was that they had given the male victim eight vials of serum, which seemed a lot, and the various indicators that described his present condition. But we are clinicians, not scientists, so we speculate about the human being who is about to come under our care. By the time the ambulance arrived, we had settled on a narrative: a kindly man working in his flower beds had run afoul of a rattlesnake and been subsequently rushed to us for care.

The ER doors shushed open and paramedics wheeled our patient in on a gurney. Actually, the large and very dirty man lay oddly on his conveyance holding a badly swollen hand aloft and seemed not so much rolled in as wafted in on fumes.

As the junior nurse, I had the dubious privilege of charting the patient's history. Even before I began the routine questions, it was apparent that he was far from sober. He managed to provide his name and address, but the next-of-kin issue stumped him. After several variations, I hit upon "who do we need to notify?" "Deborah," he carefully and slowly enunciated. Dutifully I wrote that down. "What's her last name," I asked. He pondered for a few seconds, then allowed as how he didn't know. "But I've got her phone number," he added helpfully. He'd just picked her up at the Huddle House in that morning's wee hours and brought her home. And, he added, Deborah would be by with his supper before long; we could ask her last name then.

He righteously denied having ingested any drugs—prescription, non-prescription, or recreational—but he did admit—several times over the course of charting—"I've had a few beer." He also promised "I won't lie to you" each time before that admission. Ultimately he said that he'd begun to drink his "few beer" that morning and made steady progress through the day.

He waxed eloquent about the bite itself. He had been watching Alabama play, he said, and eventually decided that he needed to get up and stroll around some, get some air and perhaps clear his head a little. He ventured outside, determined to walk a piece down the dirt road that led to his house, then walk back to watch some more football. He'd not walked far before he came across a baby snake wriggling across his path. He picked up the baby snake, then threw it down into the dirt. Then, when he reached out and picked it up again, the "sumbitch" bit him! He flung it away and shook his hand, but, since it was just a baby rattlesnake, he went back inside to watch more football. He watched for a while, but finally decided that he needed to have the hand looked at when it "started growing." So he called the ambulance and here he was.

He looked like he had not only reached into the road's dirt to pick up the snake, but perhaps fallen down and rolled around as well. I washed the hand so that we could treat him, seriously wishing all the while that I could wheel him into a shower and just hose him down from head to toe, cleaning him and the gurney in the process. While I washed the hand, I told him that baby snakes were more dangerous than larger ones. They're born with venom, but as babies don't have the ability to regulate how much they inject when they strike. Eventually they'll gain that, but when young they just deliver the fullest dose possible with each strike. His eyes indicated that he probably didn't receive and certainly didn't comprehend the message.

Having completed what I could of the patient history, I took the information to the nurses' station to at least start on the paperwork. As I walked from the treatment cubicle through the lobby toward the desk, the doors shushed open again. A slight woman in a Huddle House uniform tentatively entered with a Tupperware container held before her like an offering. I detoured in her direction and saw the name tag with "Deborah" on it. When I enquired if I could help her, she extended the container my way. She told me her whole name, then said that the container held supper for her boyfriend, who had just been brought in with a snake bite. Would I make sure that he got it, she asked. Answering affirmatively, I walked away with the container and the last piece of information I needed for the files. She looked around, found a waiting-room chair to her liking, and gingerly rested on it, as if the seat were made of point-up nails. I absently wondered how long she had before her shift started, and how much of that time she'd spend so awkwardly.