SUPPLEMENTARY DATA

CASE REPORT

Documentation of a proven Mountain Pitviper (*Ovophis monticola*) envenomation in Kathmandu, Nepal, with its distribution ranges: implications for prevention and control of pitviper bites in Asia

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Table 1. Timing, laboratory findings, and details of management for *Ovophis monticola* bite case in Nepal.

Date	Timing	Laboratory findings	Details of management (medication)
24.08.2018	0.6 h post-snakebite	Blood coagulation profile [bleeding time **(BT**), clotting time (**CT**), prothrombin time (**PT**)] and urine routine examination was normal.	Health care staff removed the ligature and measured Glasgow Coma Scale (GCS) i.e. 15/15. No abnormality was discovered in general conditions such as respiratory system, cardiovascular system, per abdomen, neurocognitive function test (central nervous system, vital sign), ear, nose, throat (ENT), Skin. JACCOL (a mnemonic for Jaundice, suggestion of Anaemia (pale colour of skin or conjunctiva), Cyanosis (blue coloration of lips or extremities), Clubbing of fingernails, edema of ankles, Lymph nodes of neck, armpits, groins) was negative (vital signs were not mentioned in the provided medical record). She was discharged from Teku Hospital when blood coagulation profile was normal.
25.08.2018	19.5 h post-snakebite	PT: >60 s (control 14 s, RR 12–16 s), INR: NA, CT: 20 min (RR 5–10 min). The blood coagulation profile was found to be abnormal.	She was re-admitted as the swelling extended up to the elbow and arm. She received antibiotic therapy with Ciprofloxacin (Cifran) 500 mg, PO, twice a day for 4 d. Also, she was treated with Trypsin-Chymotrypsin (Chymoral Forte) 10 mg, PO, 1 tab three times a day for 3 d, Ranitidine (Aciloc) 150 mg, PO, two times a day for 3 d, Dextrose 5% II unit, IV (500 ml in each unit over 3 d. She was given normal saline by opening vein.
27.08.2018	39.2 h post-snakebite	NA (PT, INR, and CT details for this particular day were not available)	She was given Vitamin K 10 mg, IM, once a day for three days, Pantoprazole (Pan) 40 mg, IV, once a day for a single day
28.08.2018	3 d 17.7 h post-snakebite	PT: 15 s (control 14 s, RR 12–16 s), INR: NA, CT: 9 min (RR 5–10 min).	Discharged with the advice for following medicine: Trypsin Chymotrypsin (Chymosin tablet) 10 mg, PO, three times a day for 3 d, Ciprofloxacin (Cifran) 500 mg, PO, twice a day for 4 days, Ranitidine (Aciloc 150 mg, PO, two times a day for 2 d)
30.08.2018	5 d 19.6 h post-snakebite	Her coagulation studies included PT: 13 seconds (s) [(control 14 s, RR 12–16 s], INR: 1.16, CT: 8 min (RR 5-10 min).	She was not treated with antivenom.
31.08.2018	6 d 19 h post-snakebite	PT: 13 s (control 14 s, RR 12–16 s), INR: 1.14, CT: > 20 min (RR 5–10 min).	NA
01.09.2018	7 d 8.9 h post-snakebite	PT: 12.30 s (control 14 s, RR 12–16 s), INR: 1, CT: 8 min (RR 5-10 min).	NA

07.09.2018	14 d 21 h post-snakebite	NA	Author-DPP followed up her at TUCL. She had paraesthesia on bite site, sensation of heaviness and continuous pain in the bitten hand. She was unable to grab and lift usual items confidently.
01.10.2018	38 d 20.5 h post-snakebite	No clinical neurological deficit was noted, coagulation profile, serum protein, and urine examination were within normal limit.	Her peripheral neuropathy was treated with Pregabaline 75 mg, PO, once a day for a month. She was suggested to follow up visit for the further evaluation after a month.

IV, intravenous; **IM**, intramuscular, **PO**, by mouth; **PT**, prothrombin time; **CT**, clotting time; **INR**, international normalized ratio; **RR**, reference range; min, minute/s