

Snakebites in NC: What to know before you step outside

North Carolina is rich in wildlife — and that includes snakes. Most are harmless, play an important role in controlling rodents and insects, and only bite when threatened. Still, each warm season, emergency departments see hundreds of snakebite visits statewide, most from venomous pit vipers like copperheads, timber and pigmy rattlesnakes, coral snakes, and cottonmouths in our eastern wetlands. The good news: with calm, smart first aid and timely medical care, most people recover well.

Snakes are referred to as “venomous” not “poisonous.” If it bites someone and kills them, it is venomous. If one were to bite it and it kills someone, it is poisonous.

What is a “dry” bite and how often are bites “dry?”

Not every venomous strike injects venom. Roughly one in five pit viper bites are “dry,” meaning symptoms stay mild—pain and tiny punctures without spreading swelling or tissue damage. Because you can’t tell at the scene which bite is dry, treat every bite as an emergency. Go to your nearest emergency department to be monitored.

First aid you should (and shouldn’t) do:

- Stay calm and call 911 (or head to the nearest hospital if you’re close and have a safe ride).
- Limit movement and remove rings/watches — as the swelling can build quickly.
- Keep the bitten limb at heart level (not high above or dangling low).
- Gently rinse visible dirt; cover with a clean, loose dressing.

Avoid outdated tricks: do not apply tourniquets, no cutting or sucking, no ice, no electric shock, and no alcohol. These do more harm than good. Stay calm, immobilize, remove any constrictive jewelry or clothing, and head towards the hospital. One more thing: a description or photo of the snake is sufficient. Please do not bring a live snake to your care provider.

What happens at the hospital?

Clinicians will identify the likely species by your story and symptoms (while helpful, you do not need a photo or the snake, as the description is usually good enough). Caregivers will monitor swelling, pain, and blood tests that reflect blood clotting and tissue injury. If symptoms are significant or worsening, they treat with modern antivenoms (such as CroFab or Anavip). These medicines neutralize venom, limit further damage, and reduce complications. Pain control, tetanus updates, wound care, and follow-up instructions round out the plan. Most patients go home within a day or two; severe cases may need longer observation. You might ask “why not give everyone antivenom?” It is very expensive, difficult to get and keep in stock, and, most importantly, some people have allergic or other reactions to it. This is why it is only administered if we think you need it.

Recognizing venomous snakes — patterns with a big disclaimer

Identification in the field is risky — don’t approach a snake “to be sure.” Remember: head shape, pupil type, and color are unreliable at a glance. When in doubt, back away. That said, local educators teach a helpful pattern tip:

— Copperheads often show side markings that look like chocolate “Hershey-kiss” shapes, parts of their hourglass bands when viewed from the side.

— Rattlesnakes (timber and pigmy in our state) tend to have more jagged, banded blotches — some describe these as “tornado” swirls or chevrons.

— Coral snakes have red, yellow and black markings and in the U.S. the saying goes “red on yellow kills a fellow, red on black is a friend of jack”. Down in South America this is not the case.

Prevention: Simple steps that work

— Watch your step — use a flashlight at night and never step or put your hands where you can’t see.

— Dress for terrain — sturdy boots and long pants on trails or yard work. Boot and leg coverings called “gators” are helpful for extra protection hiking in likely snake areas.

— Tidy the yard — reduce brush, wood piles, and tall grass that attract rodents (and snakes).

— Leash pets and teach children to look, not touch.

— Give snakes space — most bites happen when people surprise or try to handle or kill a snake.

The bottom line

Snakebites are scary, but panic and myths cause more trouble than snakes do. If bitten, keep still, call for help, and get to a hospital. With prompt, evidence-based care — including antivenom when needed — most North Carolinians make a full recovery and are back on the trail, the yard, or the ball field in short order. Respect wildlife, use common-sense prevention, and you’ll lower your risk while enjoying our great outdoors.

Dr. Sarah Spelsberg is an emergency medicine resident at UNC Health Southeastern. To submit questions for consideration for a Frequently Asked Questions article, email unchsoutheasterninfo@unchealth.unc.edu.



Eric Morse, chief medical officer at Morse Clinics, launched North Carolina’s first mobile Opioid Treatment Program in Raleigh. He spoke at an Aug. 19 ribbon-cutting ceremony about how mobile units can help transform access to addiction treatment for patients.

Rachel Crumpler | NC Health News

NC turns to mobile clinics to expand substance use treatment

Rachel Crumpler
NC Health News

In 2024, more than 3,000 North Carolinians are estimated to have died from opioid overdose. Since 2000, more than 41,500 people have died from overdoses.

Even as the overdose death rate slowed slightly in the past year, state health officials are still looking for ways to expand access to medications for opioid use disorder.

To reach more people in need of this treatment — and to enter areas of North Carolina that have lacked access — state leaders are turning to a new approach: mobile clinics.

Operating as licensed extensions of existing brick-and-mortar opioid treatment programs, the mobile units can bring medications for opioid use disorder directly to communities — especially in rural and underserved areas where stigma, transportation barriers and lack of providers have stymied people’s ability to get care.

The U.S. Food and Drug Administration has approved three medications to treat opioid use disorder: buprenorphine, methadone and naltrexone. These medications help reduce cravings that people have for drugs and lower the risk of overdose, especially when paired with counseling. But only a fraction of people with opioid use disorder — in North Carolina and across the United States — receive the medications, which are widely considered the best way to address opioid addiction.

Mobile clinics are emerging as a key strategy to help close access gaps across the state.

The state’s first mobile clinic, operated by Morse Clinics, started serving patients in Raleigh in July. The milestone was marked by an Aug. 19 ribbon-cutting ceremony attended by state officials, health providers, people in recovery and first lady Anna Stein, who has identified reducing stigma faced by people with substance use disorders as one of three priority issues she’d like to tackle during her husband’s administration.

“Mobile units are an important step to filling unmet needs in our state,” Stein said at the event, noting that they can especially help serve harder to access

populations, such as people living in rural areas, shelters or jails.

A second mobile unit run by New Season, a national addiction treatment provider with nine clinics in North Carolina, will start serving people in and around Greensboro in the coming weeks.

More are on the way. As many as 10 mobile units could be up and running across North Carolina in the coming months, said Anna Stanley, who oversees North Carolina’s programs that provide medications for opioid use disorder across the state.

Six units are being funded by \$3.75 million that the N.C. Department of Health and Human Services received after Hurricane Helene and subsequently provided to Vaya Health, the regional behavioral health care organization that serves western and central North Carolina.

“This mobile OTP [Opioid Treatment Program] right here is symbolic of our commitment to end that stigma in North Carolina by bringing treatment directly to people where they live, work and where they feel safe,” Stanley said at the Sept. 10 ribbon-cutting event for the Greensboro mobile unit.

“Mobile units are super exciting because there is the opportunity for them to move and figure out where the need is,” she said.

Addressing unmet need
An estimated one in six North Carolinians has a substance use disorder, yet fewer than half of them receive any form of treatment, said Kelly Crosbie, director of the state’s Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Use Services. Even fewer, she said, get medications for opioid use disorder.

State data show an estimated 231,000 North Carolinians older than 12 struggle with opioid use disorder and could benefit from medication-based treatment.

“Methadone and other medications for opioid use disorder save lives,” Crosbie said. “They help people maintain long-term recovery to have the lives they were meant to have.”

Individual physicians can prescribe buprenorphine and naltrexone from their offices, but methadone — a critical option for many — is only available at the state’s 96 Opioid Treatment Programs,

which offer access to all three FDA-approved medications. These programs are state and federally licensed to provide the medications and other support for treatment and recovery, including counseling, case management and peer support services.

But the treatment programs operate in just 55 of North Carolina’s 100 counties, leaving gaps in access and forcing many patients to travel long distances for care.

A DHHS spokesperson told NC Health News in July that 24,712 people from all 100 counties are enrolled at one of the state’s Opioid Treatment Programs. In 2024, these clinics served 31,641 patients, and they’re on track to serve an even greater number this year.

State health officials see mobile units as key in getting to the goal of having at least one Opioid Treatment Program in every county.

“[Mobile units] help us reach people who have been historically underserved — our folks that live in rural areas, or folks who do not have access to transportation, or just those who wouldn’t feel safe walking into a traditional OTP clinic,” Stanley said.

Nothing to be ashamed of

Mobile units help break down barriers to treatment, said Jim Shaheen, chief executive officer of New Season, the company operating North Carolina’s second mobile unit. He said he’s seen a positive impact from New Season’s first mobile clinic in Portland, Oregon, which launched last September — and he expects the same with this latest mobile unit.

At New Season’s Greensboro brick-and-mortar clinic, some patients travel 45 minutes or more for care, he said. Neighboring Alamance

County lacks an Opioid Treatment Program altogether, leaving what Shaheen says is a clear unmet need.

“There’s a whole population of people who are not getting care at all,” Shaheen said. “And there is a whole population of people that we see in the clinic that are absent a lot, and the reason they’re absent is transportation.”

One of the mobile unit’s first stops will be at Bethel African Methodist Episcopal Church in Greensboro near North Carolina A&T University. Senior Pastor Clay Barrow said he was immediately on board with offering the church’s parking lot as a regular stop for the mobile clinic — and to help send the message that seeking treatment for addiction is nothing to be ashamed of.

“It’s an opportunity for the community to experience hope like it’s never experienced before and to experience healing like they’ve never experienced before,” Barrow said. “If all it takes is just to open up a parking lot and give folks a safe space — a safe harbor where they can come, receive medication, receive treatment — then that is what we need to do.”

Shaheen said the mobile unit could serve more than 100 people within its first 90 days. Patients served by the mobile unit will have access to the same care offered at a brick-and-mortar clinic, he said. It is equipped to start and continue people on medications for opioid use disorder, provide counseling and perform drug screens.

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American College of Cardiology NCDR Chest Pain - MI Registry Platinum Performance Achievement Award recognizes sustained, high-level performance in quality of care

UNC Health Southeastern has received the American College of Cardiology's NCDR Chest Pain - MI Registry Platinum Performance Achievement Award for 2025. The health system is one of only 323 hospitals nationwide to receive the honor.

The award recognizes UNC Health Southeastern's commitment and success in implementing a higher standard of care for heart attack patients and signifies that the health system has reached an aggressive goal of treating these patients to standard levels of care as outlined by the American College of Cardiology/American Heart Association clinical guidelines and recommendations.

"This recognition reflects the incredible dedication of our clinical teams who deliver lifesaving cardiac care every day," said Chris Ellington, President & CEO of UNC Health Southeastern. "Our commitment to excellence means more than just meeting benchmarks, it's about ensuring every patient who walks through our doors receives the highest quality care guided by science, compassion, and teamwork. We are proud to stand among the nation's leaders in heart care."

To receive the Chest Pain - MI Registry Platinum Performance Achievement Award, UNC Health Southeastern has demonstrated sustained achievement in the Chest Pain - MI Registry for two consecutive years (2023 and 2024) and

performed at the highest level for specific performance measures. Full participation in the registry engages hospitals in a robust quality improvement process using data to drive improvements in adherence to guideline recommendations and overall quality of care provided to heart attack patients.

"It is an honor to award UNC Health Southeastern with the Platinum Performance Award for their valuable national leadership and dedication to meeting comprehensive performance measures



in patient care," said Michael C. Kontos, MD, FACC, chair of the NCDR Chest Pain - MI Registry Steering Subcommittee, and cardiologist at Virginia Commonwealth University Medical Center. "The receipt of this award indicates that the health system remains committed to providing top quality, guideline-driven care for heart attack patients. Their success ensures patients are receiving the highest quality cardiovascular care."

The Centers for Disease Control estimates that over 800,000 Americans suffer a heart attack each year. A heart attack occurs when a blood clot in a coronary artery partially or completely

blocks blood flow to the heart muscle. Treatment guidelines include administering aspirin upon arrival and discharge, timely restoration of blood flow to the blocked artery, smoking cessation counseling and cardiac rehabilitation, among others.

Chest Pain - MI Registry empowers health care provider teams to consistently treat heart attack patients according to the most current, science-based guidelines and establishes a national standard for understanding and improving the quality, safety and outcomes of care provided for patients with coronary artery disease, specifically high-risk heart attack patients.

The American College of Cardiology (ACC) is the global leader in transforming cardiovascular care and improving heart health for all. As the preeminent source of professional medical education for the entire cardiovascular care team since 1949, ACC credentials cardiovascular professionals in over 140 countries who meet stringent qualifications and leads in the formation of health policy, standards and guidelines. Through its world-renowned family of JACC Journals, NCDR registries, ACC Accreditation Services, global network of Member Sections, CardioSmart patient resources and more, the College is committed to ensuring a world where science, knowledge and innovation optimize patient care and outcomes. Learn more at www.ACC.org or follow @ACCinTouch.

To learn more about heart care available through UNC Health Southeastern, visit Heart & Vascular Care | Lumberton, NC | UNC Health Southeastern.

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UNC Health Southeastern's Cardiology Program is one of only 323 hospitals nationwide to receive the Platinum Performance Achievement Award for 2025 by the American College of Cardiology's NCDR Chest Pain - MI Registry. The registry empowers healthcare provider teams to consistently treat heart attack patients according to the most current, science-based guidelines and establishes a national standard for understanding and improving the quality, safety and outcomes of care provided for patients with coronary artery disease, specifically high-risk heart attack patients.



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