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In reply

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*In reply:*

The letter from WikEM's founders<sup>1</sup> regarding the importance of wikis raised some valid points. We agree that wikis are valuable social media tools for the dissemination and organization of knowledge. The OpenEM Foundation, in particular, has done an admirable job of developing a useful resource in WikEM and deserves recognition and support for their efforts.

However, the strategies in our article<sup>2</sup> focused on effectively using online resources and not on specific resources. Wikis have been defined as Web sites that can be openly edited and use crowd-sourcing as a method for improving and revising their content.<sup>3</sup> However, for the users consuming content (our article's target audience), they function as freestanding resources that are similar to others created by individuals or groups. They were not considered a sixth strategy in our article for this reason. However, we do believe WikEM warrants a position of high-quality online resources; there were simply too many great Web sites to list them all in our summary table.

The authors would like to thank the OpenEM Foundation for the substantial work that they have done in creating WikEM and encourage the readers of *Annals of Emergency Medicine* to use and contribute to this resource.

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## The Copperhead Coagulopathy Conundrum

*To the Editor:*

We would like to commend Ali et al<sup>1</sup> on their research demonstrating the lack of coagulopathy in copperhead envenomation. Their study and review of the literature, which included more than 700 copperhead envenomations, reported only 2 cases of clinically important bleeding. They reported that "it is safe to forgo serial coagulation testing...in the absence of clinically apparent bleeding." Their review included our previous study of 94 copperhead snakebites without bleeding, but additional clarification is important to safely apply their recommendations.<sup>2</sup> We recognize that clinically significant bleeding is an important patient-oriented outcome and that it is rare. However, in both studies hematologic laboratory abnormalities were common, demonstrating the frequency of the hematologic effects caused by copperhead venom. Most of the patients investigated in both studies (159/200) were treated with Crotalidae polyvalent immune Fab (ovine) (CroFab). A patient may have been treated for other venom effects and had his or her initially hematologic venom effect treated as a consequence, which leads to a potential underestimation of the number of patients at risk for progression to clinically significant bleeding. There remains a paucity of quality copperhead-specific data to confidently state that patients who are not treated with antivenom can safely forgo coagulation and platelet count testing. This caveat to their results is important because there remains wide practice variation in the use of antivenom for copperhead envenomation.<sup>3</sup> We recommend that, until further data become available, the threshold to test be lower for copperhead envenomation patients who are not treated with antivenom.

Additionally, the low number of patients in these studies who had preexisting conditions that predisposed them to bleeding further tempers the conclusions. For example, the threshold to test should likely be lower for patients receiving anticoagulant or antiplatelet medications, those with a predisposition to abnormal bleeding or clotting such as in von Willebrand's disease, those with antiphospholipid antibodies, or even those receiving dialysis.

Last, the authors' speculation that these results may allow patients to forgo hospital admission may be premature. It assumes that we can determine the peak of the envenomation