REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Bites and Stings

Overview: An insect, animal or human bite or sting frequently is a combination of puncture, laceration, avulsion and crush injuries. Complications are common—all patients who have been bitten/ stung should seek physician evaluation.

INFORMATION NEEDED
__ Type of animal or insect: time of exposure
__ History of previous exposures, allergic reactions, any known specific allergen.

OBJECTIVE FINDINGS
LOCALIZED REACTION
__ Puncture marks, lacerations, avulsions, or crush injuries at site
__ Rash, hives
__ Localized erythema and/or edema
__ Decreased pain or touch sensation
SYSTEMIC REACTION
__ ANY or ALL of the localized finding PLUS
__ Respiratory distress, wheezing, stridor
__ Diaphoresis (out of proportion to air temperature)
__ Hypotension, tachycardia, tachypnea

TREATMENT
__ Ensure personal safety
__ **See Allergic Reaction**
__ Administer O2 via nasal cannula or mask as indicated
__ Consider **Albuterol** for resp distress or is showing signs of bronchospasm (see Protocol)
__ Consult Medical Control for use of **Epi Pen** if reaction appears to be significant and/or patient has history of severe reaction to similar stings.
__ Remove the stinger or injection/biting mechanism if visible
__ Scrape out stinger, if present, from a honeybee sting
__ Clean the affected area with saline, cover with sterile dressing
__ Cooling measures at wound site
__ RMC
__ Carefully transport any suspected insect, stinger, etc. with patient if possible

Documentation of adherence to protocol:
__ Description of injury site and/or rash
__ Removal of stinger if present
__ Respiratory distress if present
__ O2 administered if applicable

Medical Control Contact Criteria

__ Contact Medical Control for any questions regarding patients > 40 years old and/or have contraindications to use of Epinephrine.

PRECAUTIONS AND COMMENTS

- Epinephrine autoinjectors are frequently prescribed for persons with known systemic allergic reactions. Prehospital personnel may assist the patient with use of patient's own medication.
- Time since envenomation is important, as anaphylaxis rarely occurs more than 60 minutes after inoculation. About 2/3 of patients who have experienced a generalized reaction will have a similar or more severe reaction upon reinoculation. It is possible to have a severe reaction with a "first" inoculation.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

SMO: Bites and Stings

Overview: An insect, animal or human bite or sting frequently is a combination of puncture, laceration, avulsion and crush injuries. Complications are common—all patients who have been bitten/ stung should seek physician evaluation.

INFORMATION NEEDED
__ Type of animal or insect: time of exposure
__ History of previous exposures, allergic reactions, any known specific allergen.

OBJECTIVE FINDINGS
LOCALIZED REACTION
__ Puncture marks, lacerations, avulsions, or crush injuries at site
__ Rash, hives
__ Localized erythema and/or edema
__ Decreased pain or touch sensation
SYSTEMIC REACTION
__ ANY or ALL of the localized finding PLUS
__ Respiratory distress, wheezing, stridor
__ Diaphoresis (out of proportion to air temperature)
__ Hypotension, tachycardia, tachypnea

TREATMENT
__ Ensure personal safety
__ **See Allergic Reaction**
__ Administer O2 via nasal cannula or mask as indicated
__ Consider **Albuterol** for resp distress or is showing signs of bronchospasm (see Protocol)
__ For patients 40 yrs and under with no history of coronary artery disease or hypertension, with severe refractory bronchospasm:
- Consult Medical Control for permission for use of **Epi Pen** or **Epinephrine** (1:10,000) 0.1 mg slow IVP over 5 minutes; repeat q 5 min. to maximum of 0.3 mg. If no IV access, Epinephrine (1:1000) 0.3 mg SQ, may repeat in 5 min.

__ Remove the stinger or injection/biting mechanism if visible
__ Scrape out stinger, if present, from a honeybee sting
__ Clean the affected area with saline, cover with sterile dressing
__ Cooling measures at wound site
__ **Diphenhydramine** 25-50 mg IM or IV
__ RMC
__ Carefully transport any suspected insect, stinger, etc. with patient if possible

Documentation of adherence to protocol:

__ Description of injury site and/or rash
__ Removal of stinger if present
__ Respiratory distress if present
__ O2 administered if applicable

Medical Control Contact Criteria

__ Contact Medical Control for patients > age 40 and/or who have contraindications for use of epinephrine (hypertension, cardiovascular disease or hx of MI, sensitivity to epi). For any questions regarding appropriate patients for use of epi, do not hesitate to consult Medical Control.

PRECAUTIONS AND COMMENTS

- Epinephrine autoinjectors are frequently prescribed for persons with known systemic allergic reactions. Prehospital personnel may assist the patient with use of patient's own medication.
- Time since envenomation is important, as anaphylaxis rarely occurs more than 60 minutes after inoculation. About 2/3 of patients who have experienced a generalized reaction will have a similar or more severe reaction upon reinoculation. It is possible to have a severe reaction with a "first" inoculation.