



Clinical Update

For Telephone Triage Nurses

July—August 2008

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In this Issue:

- Bee, Wasp, Hornet, and Yellow Jacket Stings

Key Points:

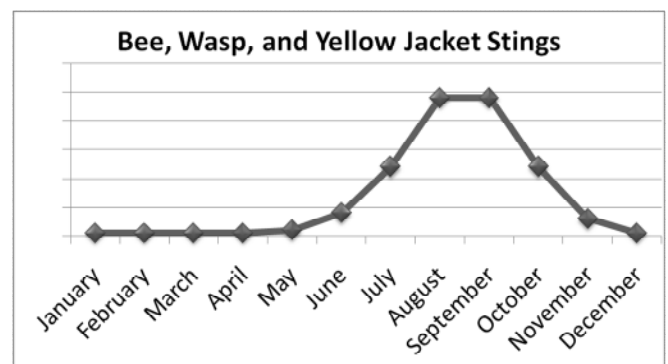
- Remove honey bee stingers quickly.
- A tetanus booster is not needed.
- Bee stings rarely become infected.

Bee, Wasp, Hornet, and Yellow Jacket Stings

Dear Nursing Colleague:

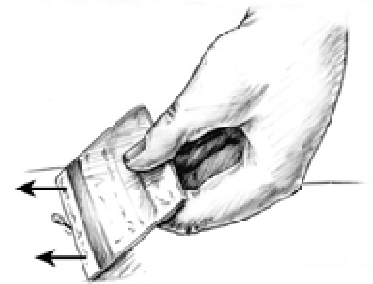
In a typical call center, bee stings make up approximately 0.5% of annual call volume. However, we all know how this call volume increases dramatically during the late summer!

Here are some frequently asked questions from telephone triage callers:



1. What is the best way to get the stinger out?

- ◆ *Removing the stinger quickly is more important than the type of removal used.* The patient can scrape it out with a fingernail or the edge of a credit card. Sticky tape (like Scotch or duct) also works. The patient should not use a knife! One research study suggested that stinger removal only reduces the venom amount if done within seconds.
- ◆ Honey bees are capable of stinging only once because they have tiny barbs on their stingers that gets embedded in the skin. After stinging, the stinger apparatus detaches from the bee's body and the bee dies. Therefore, it is only with honey bee stings that there is a stinger that sometimes needs to be removed.



2. I got stung by a bee yesterday. Do I need a tetanus shot?

- ◆ Tetanus vaccination (booster) after a bee sting is not necessary.
- ◆ However, if it has been more than 10 years since the an adult's last tetanus vaccination, it is appropriate from a preventive health care standpoint to obtain a vaccination (Td or TDaP) sometime in the next couple weeks.

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Bee Sting (Continued)

3. Can bee stings get infected?

- ◆ Stings from bees rarely become infected.
- ◆ Large local *allergic* reactions commonly occur. The picture to the right demonstrates a large area of itchy redness and swelling from a bee sting of the left upper arm. This photo was taken 24 hours after the bee sting. The patient was treated with oral diphenhydramine (Benadryl) and reassurance. The redness went away over the next 3 days.



4. How can one tell if a bee sting is getting infected?

- ◆ Here are some clues. Patients with any symptoms of a skin infection deserve urgent medical evaluation.

Local Allergic Reaction from Bee Sting (Common)	Skin Infection After Bee Sting (Rare)
No Fever	Fever
Redness, puffiness, getting worse over the first 1-2 days, and then getting better.	Redness was getting much better, then got worse
Itchiness of red area	Increasing or persisting pain of red area
	Red streak (lymphangitis) or pus

5. My college-age son was given an Epi-Pen because he has severe reactions to bee stings. Where can he go to get instructions on how to use it?

- ◆ There is an animation showing step-by-step how to use an Epi-Pen at: <http://www.epipen.com/howtouse.aspx>
- ◆ A video showing how to use the Twin-Ject is available online at: <http://www.twinject.ca/how.php?lang=en>

Well, I hope you find this information helpful and... I hope you've had a fun summer with your friends and family.

Regards, David Thompson, M.D.

Schmitt-Thompson
Clinical Content

References:

1. Visscher PK, Vetter RS, Camazine S. Removing bee stings. *Lancet*. 1996;348:301-302.
2. Moffitt JE, et.al. Joint Task Force on Practice Parameters. Stinging Insect Hypersensitivity: A Practice parameter Update. *J Allergy Clin Immunol* 2004; 114:869-886.

Coming up....

- There is a new FIRE ANT STING telephone triage protocol. It is currently being reviewed by nurse and physician members of our Review Panels and should be published this Fall.

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