

Institution: \_\_\_\_\_ **Encounter Form: Insect Stings and Spider Bites**

Name: \_\_\_\_\_ CDC# \_\_\_\_\_ DOB \_\_\_\_\_ Date/Time \_\_\_\_\_

Fill in the blanks and check all that apply

**SUBJECTIVE:**

Chief Complaint: \_\_\_\_\_

Date and time of onset: \_\_\_\_\_

Description of the insect if possible: \_\_\_\_\_

\_\_\_\_\_

Location of the bite or sting: \_\_\_\_\_

Pain: Scale of 0-10 (0=no pain 10=worst pain): \_\_\_\_\_

Area of pain: \_\_\_\_\_

Quality of pain: \_\_\_\_\_

What makes it better? \_\_\_\_\_

Previous history of allergic reaction to bee, hornet, wasp or hornet sting

Description: \_\_\_\_\_

Assess for the following symptoms:

- Nasal congestion  Difficulty breathing
- Difficulty swallowing  Tightness in chest
- Generalized warmth  Tingling of the hands, feet, or lips  Abdominal cramps

Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**OBJECTIVE:**

VS: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ B/P \_\_\_\_\_

Monitor and record vital signs every 5 minutes until stable. Thereafter, monitor and record vital signs, oxygen saturation, level of consciousness, and breath sounds every 15 minutes

Time	Pulse	Resp	BP	LOC	O2 sat	Lung Sounds

Level of consciousness and responsiveness:

- Awake  Alert  Oriented to person, place, time
- If no, describe: \_\_\_\_\_

Observe ventilatory effort:

- Difficulty breathing  Respiratory distress

Breath sounds bilaterally:  Clear  Wheezes

- Crackles  Diminished  Absent

Describe: \_\_\_\_\_

Observe oropharynx for swelling:  present  absent

Observe skin for:

- Bite marks  Erythema  Edema  Urticaria
- Diaphoresis  Facial swelling  Cyanosis

For spider bites assess abdomen for:

- diminished bowel sounds  rigid, board-like abdomen.

For bee stings evaluate for:  retained insect parts

**ASSESSMENT:**

Impaired skin integrity related to/evidenced by: \_\_\_\_\_

Pain related to/evidenced by: \_\_\_\_\_

Risk for ineffective breathing pattern related to: \_\_\_\_\_

**PLAN:**

MD referral completed: (circle) NO / YES If Yes:

- STAT** (Abrupt onset; facial swelling; tightness in the throat, dyspnea, wheezing, hypotension, tachycardia, anxiety, airway obstruction, pain and cramping of the large muscles, diaphoresis, HTN, tachycardia, weakness, paresthesia, headache, slurred speech, N/V)

- Urgent  Routine

Orders received by phone from POC

Physician notified (name / time) \_\_\_\_\_

Physician responded (time) \_\_\_\_\_

**INSECT STINGS**

**LOCAL REACTION**

- Maintain patent airway
- Remove insect stinger
- Apply ice to sting site & elevate extremity if affected
- Follow up in RN clinic if symptoms do not improve in 3 days or immediately if inflammation increases (reaction extends beyond sting site)

Tetanus prophylaxis per guideline

\_\_\_\_\_  
Signature / Title

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Fill in the blanks and check all that apply

**GENERALIZED LIFE-THREATENING**

- O2 at 15 L/minute via rebreather. If airway obstruction occurs provide mechanical ventilation using a bag-valve mask (ambu bag)
- Notify physician **STAT**
- Transport to TTA **STAT**
- Pulse oximeter: O<sub>2</sub> Saturation: \_\_\_\_\_
- Cardiac monitor: Rate: \_\_\_\_\_ Rhythm: \_\_\_\_\_  
If other, describe: \_\_\_\_\_
- Epinephrine 1:1000 aqueous 0.3 mg SQ. Vigorously massage injection site (MR q 10-15 min X 2 PRN)  
1<sup>st</sup> dose Time: \_\_\_\_\_ Site: \_\_\_\_\_ Heart Rate: \_\_\_\_\_  
2<sup>nd</sup> dose Time: \_\_\_\_\_ Site: \_\_\_\_\_ Heart Rate: \_\_\_\_\_  
3<sup>rd</sup> dose: Time: \_\_\_\_\_ Site: \_\_\_\_\_ Heart Rate: \_\_\_\_\_
- Prepare to transport patient to higher level of care
- IV Site: location: \_\_\_\_\_ Time: \_\_\_\_\_  
Needle: \_\_\_\_\_ Rate: \_\_\_\_\_  
 Solution: Sodium Chloride Intravenous Solution (0.9%). Adjust infusion rate to keep systolic blood pressure ≥ 90 mm Hg
- Diphenhydramine HCL 50 mg IV over 5 minutes  
Time started: \_\_\_\_\_ Site: \_\_\_\_\_
- Methylprednisolone Sodium Succinate 125 mg IV X 1 over 1-2 minutes  
Time started: \_\_\_\_\_ Site: \_\_\_\_\_
- Fax a copy of the relevant progress notes, physician's orders and emergency care flow sheet to receiving facility

**SPIDER BITES**

**LOCAL REACTION**

- Cleanse bite with Chlorhexidine Skin Cleanser.
- Apply ice to bite to relieve pain and local swelling. Elevate extremity if affected.
- Monitor and record vital signs every 15 minutes for one hour; then every hour until stable.
- Observe the patient for at least two hours before discharging back to housing unit.
- Instruct patient to utilize the urgent/emergent process to access medical care if he/she experiences difficulty breathing, or if hematuria, rash, joint pain or signs of infection develop

**SPIDER BITE: SYSTEMIC REACTION**

- Maintain a patent airway.
- Notify the physician **STAT**.
- Apply ice to bite to relieve pain and swelling and slow the action of the venom. (Do not apply ice if there is the possibility of a rattlesnake bite- ice increases tissue necrosis).

- Monitor and record vital signs every 15 minutes.
- Insert an intravenous line and infuse Sodium Chloride Intravenous Solution (0.9%). Adjust infusion rate to keep systolic blood pressure > 90 mm Hg.
- Prepare to transfer patient to outside facility or admit to a facility capable of providing a higher level of care

**EDUCATION:**

- Assess patients potential for understanding the health information to be provided
- Provide patient education consistent with the assessment of the condition
- Document the education provided and the patients level of understanding on the emergency care flow sheet or nursing care encounter form
- Refer patient to other resources as needed. Document all refers on the emergency care flow sheet or nursing care encounter form
- Resubmit Health Care Service Request Form (CDC 7362) if: symptoms persist; deteriorate, difficulty, breathing; fever; purulent drainage; swelling; or: changes in level or location of pain; bleeding, swelling, drainage; or: \_\_\_\_\_

**DISPOSITION**

Time released: \_\_\_\_\_  
 Condition on release: \_\_\_\_\_  
 Returned to housing unit  
 Housing reassignment to: \_\_\_\_\_  
 Referred for follow-up  
 Physician clinic  RN clinic  
 Referred to higher level of care: (specify) \_\_\_\_\_  
 \_\_\_\_\_  
 Person/time contacted: \_\_\_\_\_  
 Time/Mode of transfer: \_\_\_\_\_  
 ERV contacted (time) \_\_\_\_\_  
 ERV arrived (time) \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 List name(s) of RN protocols used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature / Title

<p>1. <u>Disability Code:</u></p> <input type="checkbox"/> TABE score ≤ 4.0 <input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD <input type="checkbox"/> DPS <input type="checkbox"/> DNH <input type="checkbox"/> DNS <input type="checkbox"/> DDP <input type="checkbox"/> Not Applicable	<p>2. <u>Accommodation:</u></p> <input type="checkbox"/> Additional time <input type="checkbox"/> Equipment <input type="checkbox"/> SLI <input type="checkbox"/> Louder <input type="checkbox"/> Slower <input type="checkbox"/> Basic <input type="checkbox"/> Transcribe <input type="checkbox"/> Other*	<p>3. <u>Effective Communication:</u></p> <input type="checkbox"/> P/I asked questions <input type="checkbox"/> P/I summed information <p><b>Please check one:</b></p> <input type="checkbox"/> Not reached* <input type="checkbox"/> Reached *See chrono/notes
<p>4. <u>Comments:</u></p>		