This Medical Alert provides information regarding the hazards of insect stings from Hymenoptera (yellow jackets, hornets, wasps and bees) and some information on background, prevention and treatment of stings. On the reverse side of the alert is the story that brought this issue to our attention.

Thousands of people are stung by insects each year, and as many as 90–100 people in the United States die as a result of allergic reactions. This number may be underreported as deaths may be mistakenly diagnosed as heart attacks or sunstrokes or may be attributed to other causes.

Recommendations from: http://www.cdc.gov/niosh/topics/insects/default.html

Most people have a localized reaction to insect stings (redness, pain, swelling, itching or burning at the site) making the sting an aggravation. However, when you are hypersensitive or allergic to the stings it becomes an emergency situation. An insect sting may cause a sudden drop in blood pressure, shock and death. This is called anaphylactic shock. In addition, many people suffer significant reactions from stings that do not result in death.

Important things to remember about insect stings

- Inquire about allergies and check past history. Add this to your admission assessment checklist.
- If the client has an allergy, offer to assist in obtaining an emergency bracelet.
- Inform the client’s physician about the level of care at your facility. Doctors in the community often believe that persons receiving services for mental health, developmental disabilities, and chemical dependency have more nursing supervision than they actually do. Some clients are at facilities that do not have staff trained to provide injections.
- Check with the client’s physician for the most appropriate method of treatment for that individual.
- If the client has an emergency bee sting kit prescribed, make sure the client has been trained to use it. Call the client’s medical provider or the Public Health Nursing Service in your county for help with training on use.
- Clinical manifestations when patient is hypersensitive/allergic to stings: difficulty breathing; swelling of face and lips; hives; itching; bronchial restriction; diarrhea, abdominal cramps; drop in blood pressure.
- For those who are unable to inject themselves if they have been prescribed an epinephrine kit, the EpiPen® (epinephrine injection) may be easier to use and may require less training.
What to do if a client with an allergy is stung

- **Call 911.**
  - The victim needs to be transferred to a medical facility as soon as possible. **Epinephrine is short acting, so some reactions require multiple doses of epinephrine**, as well as treatment with antihistamines and fluids.
  - After a sting, don’t try to pull out the stinger - scrape it away with a fingernail or credit card to avoid squeezing out more venom.
  - Application of ice helps reduce pain and swelling.

Some common-sense precautions to help prevent getting stung

Persons with hypersensitivity or allergic reactions to insect stings should not be alone when involved in outdoor activities, since they may need immediate help in initiating emergency treatment measures.

- If there is an encounter with a stinging insect, move away slowly. It is looking for pollen. It will probably not attack unless provoked. Slapping at it or making any quick movements increases the chance of a sting.
- Wear shoes when walking through low-lying flowers such as clover.
- Wear close fitting clothing that won’t trap insects.
- Light colored clothing, floral prints, sweet smelling cosmetics, colognes or after shaves may attract an insect looking for pollen.
- Do not eat or drink sweetened liquids outdoors. If unavoidable, pour soda into clear colored cups so you can see what’s in the cup at all times. Keep sweetened drinks covered.
- Garbage cans and recycling containers should be kept covered.

This alert resulted from a death report submitted to the Medical Review Subcommittee (MRS).

The MRS reviewed the circumstances surrounding a death that resulted after a board and lodge resident was stung by a bee. The client had a known bee sting allergy and had been prescribed an Ana-Kit to be used in case he was stung. The Ana-Kit includes a syringe and pre-loaded needle with a medication [epinephrine] that can save the life of someone who is having a severe allergic reaction. When asked, prior to being stung, if he was able to use the Ana-Kit the client stated that he could use it. When he was stung he was unable to inject himself. Without the proper medical care the client subsequently died.

The MRS is using this case as an opportunity to increase awareness and education regarding allergies to insect stings on behalf of our clients.