

Management Advice for Stinging Insects

Stinging injuries from bees and yellow jackets are very common in children. Hornet and wasp stings are less common, but the approach is the same. It is important to remember that most of these injuries are not serious and, while the reactions can be very dramatic, most symptoms will resolve in 3-5 days. However, more severe or even life-threatening reactions are possible, particularly in children with underlying allergies, so it may be helpful to review our usual approach to these injuries.

Local Reactions

Most stings cause local reactions. Through the sting, the insect injects venom under the skin which causes redness, pain, swelling and/or itching. These reactions can appear severe and intense, particularly when they involve the face, but are generally not dangerous. Bee stings rarely cause infections, although they commonly cause redness in the area surrounding the sting. Importantly, local reactions remain local to the part of the body that was stung. If you are stung on the face, even dramatic swelling of the face remains a localized reaction, but swelling of the hands reflects a systemic reaction.

- If the stinger remains, try to remove it quickly by scraping it with a credit card or fingernail. Avoid squeezing the stinger directly with a tweezer as you may release more venom.
- If possible, apply a paste of meat tenderizer and water to the site for 20 minutes. This may help break down or neutralize the venom.
- Ice the area for 10-15 minutes to reduce swelling.
- For more significant reactions, consider using ibuprofen (Motrin/Advil) and/or diphenhydramine (Benadryl) as well.
- Stings inside the mouth or directly on the globe of the eye can be dangerous. Please call us immediately.

Non-Allergic Systemic Reactions

Multiple stings delivering larger volumes of venom can cause systemic symptoms like vomiting, diarrhea, dizziness, or headache. These reactions can progress and become severe or even dangerous. Please contact us if your child is experiencing this kind of systemic reaction. A child who is the victim of a very large attack, on the order of 5 stings per 10 pounds of weight (50 stings for an adult), may need to be hospitalized.

Anaphylactic Allergic Reactions

Some children can develop severe, even life-threatening, allergic reactions to insect venom called anaphylaxis. The key symptoms are difficulty breathing, swelling of the throat or tongue, and low blood pressure. Look out for wheezing, coughing, or a sense of tightness in the chest. Hoarseness, drooling, slurred speech, or difficulty swallowing may indicate swelling in the upper airway. Feeling faint, dizzy, or too weak to stand may be symptoms of dropping blood pressure.

- This is a medical emergency. You should activate 9-1-1.

- Lie the patient on the ground and elevate the feet.
- If you have been given an EpiPen or anaphylactic kit, this is the time to use it. The dose for epinephrine is 0.3 ml for children over 66 pounds and 0.15 ml between 33-66 pounds. It is injected into the muscle, usually on the upper part of the outer aspect of the thigh.
- You may also give diphenhydramine if the patient can swallow and time allows, but do not delay giving epinephrine when appropriate. Weight-based dosing is provided in a separate document.

Non-Anaphylactic Allergic Reactions

Not all allergic reactions progress to anaphylaxis. If there is no evidence of breathing difficulty, swallowing difficulty, or low blood pressure AND your child has no history of anaphylactic reactions to insect stings, then hives, itchiness, and swelling may be treated as a simple allergic reaction.

- Give diphenhydramine immediately.
- Treat the sting locally as provided above.
- Observe the patient carefully for any signs of anaphylaxis.
- Call the office if you have any concerns.

After Care

After the initial reactions, it is not unusual for stings to remain painful, swollen, itchy, and red for several days or even up to a week.

- Use diphenhydramine or ibuprofen as needed for symptoms of itching or pain.
- Local application of 1% hydrocortisone cream may also be helpful.
- Keep fingernails clean and trimmed to minimize risk a secondary infection from scratching. Cover the injury with a bandage if necessary.
- Please let us know if symptoms are not improving after 3 days. The wound may need to be examined for signs of infection.