# 8F – BEE/WASP STINGS & FIRE ANT BITES (HYMENOPTERA ENVENOMATION) ADULT & PEDIATRIC

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

TREATMENT PRIORITIES
1. Vital signs
2. Epinephrine for anaphylaxis **** First two epi doses are standing order. Any additional epi dose requires OLMC consult.**
3. Oxygen administration
4. Bronchodilator for bronchospasm

## EMD

ADVISE TO USE EPINEPHRINE AUTOINJECTOR IF AVAILABLE AND PATIENT'S PHYSICIAN HAS PRESCRIBED TO USE FOR SAME SYMPTOMS

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
DO NOT MOVE THE PATIENT UNLESS IN DANGER
OPEN AIRWAY IF NOT ALERT AND INEFFECTIVE BREATHING

## EMR / EMT

GENERAL SUPPORTIVE CARE – REMOVE STINGER(S) WITHOUT SQUEEZING IF STILL EMBEDDED IN SKIN
OBTAIN VITAL SIGNS
$O_2$ VIA NC, NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)
ASSIST PT WITH PT'S OWN ALBUTEROL INHALER/NEBULIZER (when applicable)

**EMT OR HIGHER LICENSE:**
**FOR ANAPHYLAXIS ONLY**
**ADULT:** **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH.
**PEDIATRIC:** **EPINEPHRINE 1mg/mL 1:1000 0.15 mg (0.15 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH.
**OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg**
MEASURE END-TIDAL $CO_2$ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, *** Mandatory use if pt intubated)
**ADULT:** APPLY Bi/CPAP IF INDICATED (if equipped)
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE
**ADULT & PEDIATRIC WEIGHT ≥15 kg:** NEBULIZED ALBUTEROL 5 mg or LEVALBUTEROL 2.5 mg & IPRATROPIUM BROMIDE 0.5 mg
**PEDIATRIC WEIGHT <15 kg:** NEBULIZED ALBUTEROL 2.5 mg or LEVALBUTEROL 1.25 mg & IPRATROPIUM BROMIDE 0.25 mg
MAY REPEAT ALBUTEROL OR LEVALBUTEROL ENROUTE X 2 AS NEEDED

## EMT- I85 / AEMT

**ADULT:** INTUBATE IF INDICATED
IV ACCESS

**ADULT:** IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
**ADULT:** IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
**ADULT:** REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
**PEDIATRIC:** IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
**PEDIATRIC:** IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA
REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

**AEMT or HIGHER LICENSE**
**FOR ANAPHYLAXIS ONLY**
**ADULT:** **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH
**PEDIATRIC:** **EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH
**ADULT:** METHYLPREDNISOLONE 125 mg IM/IVP OR DEXAMETHASONE 10 mg IM/IVP
**PEDIATRIC:** METHYLPREDNISOLONE 2 mg/kg IM/IVP, MAX 125 mg or DEXAMETHASONE 0.6 mg/kg IM/IVP MAX 10 mg

**OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg**

## PARAMEDIC

**MILD REACTION (RASH, ITCH, HIVES) ANTIHISTAMINE**
**ADULT:** DIPHENHYDRAMINE 50 mg IM/IVP
**PEDIATRIC:** DIPHENHYDRAMINE 1 mg/kg IM/IVP TO MAX OF 50 mg

**MODERATE REACTION (SOB, WHEEZING) ANTIHISTAMINE + BRONCHODILATOR + STEROID**
DIPHENHYDRAMINE ADMINISTRATION AS IN MILD REACTION & BRONCHODILATOR ADMINISTRATION AS IN EMT ABOVE
**ADULT:** METHYLPREDNISOLONE 125 mg IM/IVP OR DEXAMETHASONE 10 mg IM/IVP
**PEDIATRIC:** METHYLPREDNISOLONE 2 mg/kg IM/IVP, MAX 125 mg or DEXAMETHASONE 0.6 mg/kg IM/IVP MAX 10 mg

**SEVERE REACTION/ANAPHYLAXIS SERIOUS DYSNEA, GI DISTRESS, ANGIOEDEMA, OR SYS BP <100 mmHg ADULT OR < (70 + 2x age in years) mmHg PEDIATRIC VASOCONSTRICTOR + ANTIHISTAMINE + BRONCHODILATOR + STEROID**
**ADULT:** **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH
**PEDIATRIC:** **EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH
DIPHENHYDRAMINE ADMINISTRATION & BRONCHODILATOR ADMINISTRATION AS IN MILD REACTION; STEROID ADMINISTRATION AS ABOVE
**IF REFRACTORY ANAPHYLAXIS, ADMINISTER INTRAVASCULAR EPINEPHRINE 1:10,000**
**ADULT:** **EPINEPHRINE 0.1mg/mL 1:10,000 1 mg SLOW IV/IOP (OVER 3 MINUTES)
**PEDIATRIC:** **EPINEPHRINE 0.1mg/mL 1:10,000, 0.01 mg/kg SLOW IV/IOP (OVER 3 MINUTES) NOT TO EXCEED 0.5 mg
**ADULT:** MEDICATION ASSISTED INTUBATION IF INDICATED
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)