

various infectious diseases, such as Rocky Mountain spotted fever, Q fever, tularemia, relapsing fever, Lyme disease, tick paralysis Must attach and feed for 1 to 2 hours to transmit disease Usual habitat is wooded area	Cleanse wounds with soap and disinfectant. <i>Prevention:</i> Teach children to avoid areas where prevalent. Inspect skin (especially scalp) after being in wooded areas.
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FIG 13-2 Brown recluse spider bite. Note the central necrosis surrounded by purplish area and blisters. (From Weston WL, Lane AT: *Color textbook of pediatric dermatology*, ed 4, St Louis, 2007, Mosby/Elsevier.)

When a hymenopteran (bees in particular) stings, its barbed stinger penetrates the skin. As long as the stinger remains in the skin, the muscles push the stinger deeper, and the venom is pumped into the wound. The best approach is to remove the stinger as quickly as possible; the longer the time interval, the greater the amount of venom. Children who have become sensitized to hymenopteran bites may demonstrate a severe systemic response that can be life threatening. One sting can produce generalized urticaria, respiratory difficulty (from laryngeal edema), hypotension, and death. Intramuscular administration of epinephrine provides immediate relief and must be available for emergency use.

Hypersensitive children should wear a medical identification bracelet. They should also have a kit that contains epinephrine and a hypodermic syringe (i.e., Epi Pen). Families are reminded to check