

red or orange hourglass-shaped marking on underside Avoids light and bites in self-defense	(if large amount of venom absorbed) death	<i>Prevention:</i> Teach children to avoid places that harbor the spider (e.g., woodpiles).
<b>Brown Recluse Spider</b>		
<i>Mechanism:</i> Venom injected via fangs Venom contains powerful necrotoxin <i>Characteristics:</i> Slender spider, with long legs and body length of 1 to 2 cm (0.4 to 0.8 inch); color is fawn to dark brown; recognized by fiddle- shaped mark on head Shy; bites only when annoyed or surprised Prefers dark areas where seldom disturbed	Mild sting at time of bite Transient erythema followed by bleb or blister; mild to severe pain in 2 to 8 hours; purple, star-shaped area in 3 to 4 days; necrotic ulceration in 7 to 14 days Systemic reactions may include fever, malaise, restlessness, nausea, vomiting, and joint pain Generalized petechial eruption Wounds heal with scar formation	<i>Treatment:</i> Apply cool compresses locally. Administer antibiotics, corticosteroids. Relieve pain. Wound may require skin graft. <i>Prevention:</i> Teach children to avoid possible nesting sites.
<b>Scorpions</b>		
<i>Mechanism:</i> Venom injected via a hooked caudal stinger Venom of more venomous species contains hemolysins, endotheliolysins, and neurotoxins <i>Characteristics:</i> Usual habitat southwestern United States	Intense local pain, erythema, numbness, burning, restlessness, vomiting Ascending motor paralysis with seizures, weakness, rapid pulse, excessive salivation, thirst, dysuria, pulmonary edema, coma, and death Some species produce only local tissue reaction with swelling at puncture site (distinctive) Symptoms subside in a few hours Deaths occur among children younger than 4 years old, usually in first 24 hours	<i>Treatment:</i> Delay absorption of venom by keeping child quiet; place involved area in dependent position. Administer antivenin. Relieve pain. Admit to pediatric intensive care unit for surveillance. <i>Prevention:</i> Teach children to avoid possible nesting sites.
<b>Ticks</b>		
<i>Mechanism:</i> In process of sucking blood, head and mouth parts are buried in skin <i>Characteristics:</i> Feed on blood of mammals Significant in humans because of pathologic organism carried May be vectors of	Tick usually attached to skin, head embedded Firm, discrete, intensely pruritic nodules at site of attachment May cause urticaria or persistent localized edema	<i>Treatment:</i> Grasp tick with tweezers (forceps) as close as possible to point of attachment. Pull straight up with steady, even pressure; if bare hands, use a tissue to touch tick during removal; wash hands thoroughly with soap and water. Remove any remaining part (e.g., head) with sterile needle.