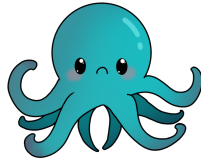


# Infected Insect Bites

For adults and children  $\geq 1$  y/o.  
exclude : pregnant women < 16 y/o.



osce toolbox

IS THE PATIENT AT RISK OF DETERIORATING OR SERIOUSLY UNWELL?

Signs of systemic hypersensitivity reaction/anaphylaxis?

\* ADMINISTER ADRENALINE!

Risk of airway obstruction?

• stings around mouth/throat?

Concerns of orbital cellulitis?

• bite/stings around the eyes?

Severely immunocompromised?

• particularly if you suspect an infection.

Consider:

Calculating NEWS2 Score/Signposting to A&E/Calling 999

**NOTE:** If there are no signs/symptoms of infection *do not* offer antibiotics.

Rapid-onset skin reactions to insect bites/stings are likely to be inflammatory/allergic reactions. Most stings and insect bites are not serious and will improve within hours-days and do not require antibiotic treatment.

Was the lesion caused by animal(s)?

Was the lesion caused by human(s)?

Was the lesion caused by a tick in the UK and patient shows signs of Lyme disease?

• erythema migrans (bullseye) rash.

Did the lesion occur while travelling outside of the UK with concern of insect borne disease?

• e.g. malaria, tick borne encephalitis.

Was the lesion caused by an exotic/unusual insect?

yes

Refer to:

GP

Relevant services.

no

Has at least 48 hours passed since the initial bite/sting?

no

Recommend self-care

• oral antihistamine  
• OTC topical steroids.  
• safety netting advice.

yes

Is the main symptom itching?

(in the absence of signs/symptoms of infection).

yes

• skin redness/itch are common + last for up to 10 days.  
• avoid scratching - reduces inflammation/infection risk.

no

Patient has an acute onset of  $\geq 3$  infected insect bite symptoms?

Redness of skin?

Pain/tenderness in the area?

Skin swelling?

Surrounding skin is hot to touch?

yes

INFECTED BITE MORE LIKELY

no

INFECTED BITE LESS LIKELY

- Redness/swelling surrounding the lesion spreading?
- Pustular discharge around the lesion?

yes

Is/Does the patient: Systemically unwell?

Have known comorbidities that may complicate/delay recovery?

• e.g. peripheral arterial disease, chronic venous insufficiency, lymphoedema, morbid obesity.

Have severe pain out of proportion to the lesion?

• may indicate toxin-producing bacteria.

Have a significant fluid/pus collection at the infection site?

• consider need for incision and drainage.

yes

Recommend Self-Care

• oral antihistamines

• OTC topical steroids

**Safety-Net**

• clearly demarcate the area for patient monitoring.  
• ask patient to return for reassessment if symptoms don't improve within 3 days of OTC treatment.

no

Offer Flucloxacillin for 5 days and advice on self-care.

\* IMPERATIVE to check for allergies with patient/carer and on National Care Record.

**Penicillin Allergy?**

Offer a 5 day course of Clarithromycin and advice on self care.

**Pregnant?**

Offer a 5 day course of Erythromycin and advice on self care.

**ALL PATIENTS:**

- Advise to visit GP/ healthcare provider if symptoms worsen rapidly or significantly at any time OR do not improve after completing treatment course.