

Outpatient Primary Care Management and Referral Guidelines
San Antonio Military Medical Center and Wilford Hall Ambulatory Surgical Center
Allergy and Immunology Service

Stinging Insect Allergy

Definition:

An anaphylactic reaction caused by a stinging venomous insect.

History

- Determine whether the reaction was systemic or local reaction
- Types of venomous stinging insects for which testing and treatment can be provided include:
 - o Flying hymenoptera: honeybee, wasp, yellow jacket, white-faced hornet, yellow hornet
 - o Imported fire ant

Examination/Evaluation

- Often none as patient presents days to weeks after the reaction
- If acutely present, consider obtaining tryptase level (preferably within 60-90 minutes to onset of symptoms) which can help determine if true anaphylaxis is present
- If patient has a systemic reaction (not local), consider obtaining serum blood work for “stinging insect panel or for fire ant based on history (stung by flying insect versus an ant)
- If patient has a local reaction, no testing required.

Management

- Local reaction
 - o Treat with cold compresses, oral antihistamines, oral analgesics (ibuprofen)
 - o Consider systemic steroids for significant swelling
 - o Antibiotics are not indicated (swelling is from mediator release)
 - o Very low likelihood of systemic progression, therefore EpiPen is NOT necessary
- Systemic reaction
 - o If presenting with acute reaction, follow anaphylaxis treatment algorithm with first line treatment of intramuscular epinephrine 1:1000
 - o Prescribe EpiPen (JR for pediatrics <30 kg)

Indications for referral

- Local reaction, even for large reaction such as encompassing an entire limb, has a very low likelihood of systemic progression, therefore referral is not indicated
- Systemic reaction
 - o Cutaneous only (urticaria and/or angioedema) in children <16 years have very low risk of repeat anaphylaxis and therefore referral is not indicated
 - o Adults (16 years and older) with cutaneous only or with more severe symptoms of systemic reaction (respiratory, gastrointestinal, or cardiovascular compromise) should be referred for evaluation and potentially for venom immunotherapy (“allergy shots”)

- All active duty with a history of systemic reaction to hymenoptera and/or fire ant in the setting of positive testing are **REQUIRED** to be on immunotherapy to remain on active duty. They **MUST** be sent for a referral
- There is no testing available for systemic reactions to insects other than those listed above, therefore referral is not indicated in these other cases
- Skin testing cannot be reliably performed until about 3-4 weeks after a reaction, therefore urgent referral is not indicated

There are very few consults that warrant ASAP or Urgent status. If this is entered by the referring provider, it will be downgraded to Routine unless that provider calls and directly speaks with an allergist either at SAMMC or WHASC and it is confirmed as an urgent consult.