

## Stings/Bites/Envenomation (A60)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F | E | O | P | D |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| <b>SCENE SAFETY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X | X | X | X |   |
| <b>ASSESSMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | X | X | X | X |   |
| <b>IDENTIFY CAUSE:</b> if feasible and safe to do so, have animal transported for identification purposes. <ul style="list-style-type: none"> <li>• <b>Bee/Wasp sting:</b> remove (scrape away) stinger. Cold packs may be applied to relieve pain.</li> <li>• <b>Spider bite/Scorpion sting:</b> remove stinger. Cold packs may be applied to relieve pain.</li> <li>• <b>Snake envenomation:</b> avoid movement of the affected extremity, keeping extremity at or below heart level. <b>DO NOT APPLY ICE.</b> Monitor distal pulses. Circle any swelling and/or discoloration around bite mark(s) with a pen and note time. This measurement can be used as a baseline for determining the progress of swelling.</li> </ul> | X | X | X | X |   |
| <b>PULSE OXIMETRY:</b> apply and monitor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   | X | X | X |   |
| <b>CAPNOGRAPHY:</b> apply and monitor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |   |   | X |   |
| <b>OXYGEN:</b> if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | X | X | X | X |   |
| <b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   |   |   | X |   |
| <b>VASCULAR ACCESS:</b> IV/IO, rate as indicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |   |   | X |   |
| <b>MIDAZOLAM:</b> if suspected Black Widow Spider bite and muscle spasms, refer to PAIN MANAGEMENT A91 as indicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |   |   |   | X |   |

EFFECTIVE: November 1, 2023

 Provider Key: F = First Responder/EMR  
 P = Paramedic

 E = EMT                      O = EMT Local Optional SOP  
 D = Base Hospital Physician Order Required