

CMG 35b – BITES AND STINGS

(Revised: September 2016)



SNAKE / SPIDER BITE

SNAKE: The majority of snakes found in and around the ACT are venomous to some degree. Snakes in Canberra are most active from October to March. Pre-hospital management of all snake bites is the same, regardless of species.

SPIDER: There are three medically relevant groups of spider bites – *big black spiders* (to be treated as funnel-web spider bites until proven otherwise in hospital), *red-back spiders*, and *all other Australian spiders* (minor effects, no specific treatment required). If the spider was unseen and there are developing systemic effects, manage as per symptoms.

ICP	Do not wash bite site (identification can be made at hospital by swabbing traces of remaining venom from skin/clothing)	AP
ICP	Utilise pressure & immobilisation technique if appropriate, using wide elasticised bandage. Remember that the bandage should be firm and tight, so that you cannot easily slide a finger between the bandage and the skin. (Note that resuscitation takes priority over application of pressure & immobilisation, but this should be applied as soon as is practical)	AP
ICP	With the positive identification of a red back spider, pressure & immobilisation is not required. Iced compresses should be applied to the area (but not directly onto the skin)	AP
ICP	Treat cholinergic symptoms (e.g. salivation, lacrimation, urination, diaphoresis, GI upset, emesis) of spider bite with atropine	AP
ICP	Treat other signs and symptoms as they arise, as per appropriate CMG (e.g. anaphylaxis; cardiorespiratory effects; pain; etc)	AP
ICP	Identification – the creature should be brought to the hospital, but only if this can be done safely DO NOT rely on non-expert identification of the creature	AP
ICP	Remember that signs and symptoms can take up to several hours to present	AP
ICP	Calvary Hospital, TCH and Queanbeyan Hospital all have both Venom Detection Kits and antivenom available. Transport to the closest hospital	AP

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CMG 35b (cont) – BITES AND STINGS



INSECT (other than spider) BITE / STING (including bee, wasp, tick, ant, centipede, caterpillar, flea, scorpion, lice etc.)		
ICP	Treat allergic/anaphylactic reactions as per CMG 29	AP
ICP	BEE: if stinger still in situ, scrape out from the side with fingernail or card. Do not squeeze with tweezers.	AP
ICP	WASP: the wasp can withdraw its stinger cleanly, and therefore sting multiple times. There is no stinger left in situ to remove.	AP
ICP	TICK: use fine point tweezers to grasp tick close to skin, and pull out with steady, even pressure	AP
ICP	Wash affected area/s with clean water	AP
ICP	Applying a cold compress may help with pain relief and swelling	AP
ICP	Analgesia if required	AP
ICP	Treat other symptoms as per appropriate CMG	AP

MAMMAL BITE (including human, bat etc.)		
ICP	Thoroughly clean the bite site, and apply sterile dressing	AP
ICP	All mammal bites should be seen by a doctor (GP, hospital or other, as appropriate to the situation)	AP
ICP	Treat other symptoms as per appropriate CMG	AP