Guidance for Pharmacy Staff – Infected Insect Bites

What is an Infected Insect Bite?

Insect bites and stings commonly cause redness, pain and swelling at the site. Most bites are inflammatory reactions and settle with self-care. If infection develops, antibiotic treatment may be required following pharmacist assessment.

Self-care key points:

- Apply an ice pack to the affected area
- Consider antihistamines for itching
- Steroid creams may help inflammation
- Use pain relief if required
- Keep the area clean

3-step guide for pharmacy teams

Step 1 – Safety first

Before you provide the patient with the Patient Checklist to complete, check for any red flag symptoms*:

- Risk of airway obstruction
- Bite or sting around the eyes

Signs of anaphylaxis including:

Swollen eyes, lips, hands or feet
Swelling of mouth, throat or tongue affecting breathing
Feeling lighthearted or faint
Abdominal pain,nausea and vomiting

Signpost to A&E or call 999 in an emergency.

Step 2 – Gateway reminder

Infection is more likely if symptoms develop or worsen **48 hours after the bite or sting**.

Gateway indicators:

Bite occurred over 48 hours ago

- Redness
- Pain or tenderness
- Swelling
- Skin hot to touch
- Spreading redness or swelling
- Pus / discharge

Step 3 - Patient checklist guidance – route correctly

Once the completed checklist is returned to you, use the following guidance on appropriate next steps.

If...	Do...
There are any ticks in Section 1	Not eligible → advise GP/urgent care as appropriate.
There are 2 or more ticks in Section 2	Refer to pharmacist (the patient may need urgent onward referral)
If the patient has ticked any boxes in section 3,	***Refer to the pharmacist.*** The patient may be eligible for the Pharmacy First service. **This may result in advice, referral, OTC sale or PGD supply.**

Patient Checklist — Infected Insect Bite

Tick what applies and hand back to the pharmacy team.

Please complete this checklist as you have presented to the pharmacy with symptoms of an infected insect bite or sting for yourself or a child in your care. Your answers will help us provide the most appropriate care. All information will be kept confidential.Name: _____ DOB: ____/____/____ Date: ____/____/____

Please tick if you or the child being treated:

Section 1 — Eligibility / exclusions	
☐	Is under the age of 1 year
☐	Is under the age of 16 years old and pregnant (or may be pregnant).

Section 2 — Refer to Pharmacist	
☐	Is immunosuppressed
☐	Is otherwise unwell (e.g. high temperature)
☐	Has a bite or sting caused by animal or human
☐	Has a bite or sting caused by a tick in the UK
☐	Bite or sting occurred while travelling abroad
☐	Has a bite or sting caused unusual or exotic insect
☐	Has a bite or sting that is causing severe pain

Section 3 — Is experiencing the following symptoms: (possible Pharmacy First Consultation)	
☐	Was bitten or stung over 48 hours ago
☐	Is experiencing Itching
☐	Redness of skin
☐	- Redness that has been spreading
☐	Pain or tenderness to area
☐	Swelling of skin
☐	- Swelling that has been spreading
☐	Skin surrounding the bite feels hot to touch
☐	Pustular discharge at site of bite/sting