

Infected insect bites

(For adults and children aged 1 year and over) *Exclude: pregnant individuals under 16 years of age*

Do not offer an antibiotic if there are no signs or symptoms of infection. Be aware that a rapid-onset skin reaction to an insect bite is likely to be an inflammatory or allergic reaction rather than an infection. Most insect bites and stings are not serious and will get better within a few hours or days, and do not need treatment with antibiotics.

Patient presenting with signs and symptoms of infected insect bite

Consider the risk of deterioration or serious illness

Signs of systemic hypersensitivity reaction or anaphylaxis

- Administer adrenaline

Severely immunosuppressed and have signs or symptoms of an infection

Stings where there is a risk of airway obstruction (e.g. in the mouth or throat) or concerns of orbital cellulitis from a bite or sting around the eyes

Consider calculating NEWS2 score ahead of signposting patient to A&E or calling 999 in a life threatening emergency

NO

Does the patient meet ANY of the following criteria:

- Bite or scratch caused by animal(s)
- Bite caused by human(s)
- Bite caused by tick in the UK and signs of Lyme disease such as erythema migrans (bullseye) rash
- Bite or sting that occurred while travelling outside of the UK with concern of insect borne diseases e.g. malaria, tick borne encephalitis
- Bite or sting caused by an unusual or exotic insect

Onward referral

- General practice
- Other provider as appropriate

NO

Has it been at least 48 hours after the initial insect bite or sting?

Recommend self-care, oral antihistamine and/or topical steroids over-the-counter and safety netting advice

YES

Is itch the principal symptom? (in the absence of other signs or symptoms of infection)

Infected insect bite less likely

Does the patient have acute onset of ≥3 of the following symptoms of an infected insect bite:

- Redness of skin
- Swelling of skin
- Pain or tenderness to the area
- Skin surrounding the bite feels hot to touch

Infected insect bite more likely

- Clearly demarcate the area and ask patient to monitor
- Ask patient to return to pharmacy if symptoms worsen at any time OR do not improve after 3 days of OTC treatment for pharmacist reassessment

Recommend self-care, oral antihistamine and/or topical steroids over-the-counter and safety netting advice

Does the patient meet ANY of the following criteria:

- Redness and swelling of skin surrounding the bite is spreading
- There is evidence of pustular discharge at site of bite/sting

GATEWAY POINT

Recommend self-care, oral antihistamine and/or topical steroids over-the-counter and safety netting advice

Does the patient meet ANY of the following criteria:

- Systemically unwell
- Known comorbidity which may complicate or delay resolution of infection – for example: peripheral arterial disease, chronic venous insufficiency, lymphoedema or morbid obesity
- Severe pain out of proportion to the wound (may indicate the presence of toxin-producing bacteria)
- Patient has significant collection of fluid or pus at site of infection (for incision and drainage where appropriate)

- Skin redness and itching are common and may last for up to 10 days
- It is unlikely that the skin will become infected
- Avoiding scratching may reduce inflammation and the risk of infection

Onward referral

- General practice
- Other provider as appropriate

Offer flucloxacillin (if no allergy) for 5 days (subject to inclusion/exclusion criteria in PGD) plus self-care

Reported penicillin allergy (via National Care Record or patient/carer)

Offer clarithromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self-care

Offer erythromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self-care

If symptoms worsen rapidly or significantly at any time, OR do not improve after completion of 5 days' treatment course

Onward referral

- General practice
- Other provider as appropriate