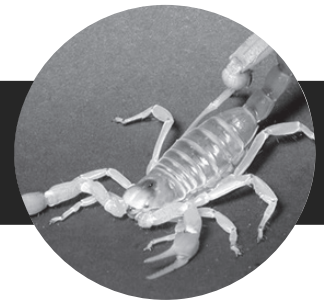


# 22 – STING, RAFTING

UTAH



## THE STORY:

A 25 y/o male raft guide on a multi-day river trip in the Southwest was stung by a scorpion while putting on river shoes he had set out the previous evening to dry. At 0830hrs., the Pt immediately hopped on one leg down to the cold river water to immerse his foot complaining of a sharp stinging pain to the arch of his right foot. The Pt stated he had no allergies, took ibuprofen for muscle aches, had no previous

severe reactions to stings or bites, had eaten breakfast about an hour prior, and believed he had been stung only once. On exam, the Pt was alert and colorfully verbose, with a red marking on the arch of his right foot. He had no other complaints and pointed out the remains of the scorpion on the beach. His vitals were: Pulse: 80, Resp.: 20, Skin: pale, cool, moist, B/P: UTA.

**Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 0830hrs. with Anticipated Problems and an appropriate Treatment Plan.**

At 0900hrs., the Pt stated that the area around the site of the sting had started to feel numb and tingling pain was now radiating up his right leg into his calf muscle. The patient stated that the cold river water did provide some relief from the pain of the sting.

Although the Pt's right arch had shown some swelling already, his right foot had good CSM except for a small area of numbness surrounding the site of the sting. His vitals were reassessed as follows: Pulse: 64, Resp.: 14, Skin: normal.

**Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1000hrs. with Anticipated Problems and an appropriate Treatment Plan.**

At 1000hrs., the group continued the river trip with another guide at the oars of the Pt's boat. The swelling in the right foot had increased somewhat with numbness in most of the foot though circulation and

motor function were positive. The patient began to suffer cramps in the calf muscle of the affected leg and complained of nausea.

## QUESTIONS

1. Although sharing some S/Sx with an allergic reaction, it's important to draw the distinction between this toxin exposure and an allergic reaction. What's the difference?
2. How would you manage this patient if their symptoms progressed to facial tics and abdominal cramps?

| <b>ASSESSMENT AND TREATMENT PLAN</b>   |                                  |                                 |
|--|----------------------------------|---------------------------------|
| <b>A = Assessment (Problem List)</b>   | <b>A' = Anticipated Problems</b> | <b>P = Treatment Plan</b>       |
| <b>0830</b>  |                                  |                                 |
| scorpion sting to R foot   | systemic Rxn to toxin            | immerse in cool water / monitor |
| ASR  | cont. ASR                        | reassurance                     |
|  |                                  |                                 |
| <b>0900</b>  |                                  |                                 |
| increasing local reaction  | pain / swelling                  | cont. cool water                |
| w/ numbness, swelling  |                                  | immersion / monitor             |
|  |                                  |                                 |
| <b>1000</b>  |                                  |                                 |
| systemic symptoms  | worsening reaction               | OTC analgesics                  |
|  |                                  |                                 |
|  |                                  |                                 |
|  |                                  |                                 |
| <b>NOTES</b>   |                                  |                                 |
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| <b>What Actually Happened Next ...</b>   |                                  |                                 |
| The Pt medicated himself with 25mg of diphenhydramine PO, stating that he felt some relief from symptoms though the general feeling of discomfort continued. The patient continued to have some local cramping and numbness at the site of the sting. On the morning of the following day, the patient reported complete relief of nausea and cramping though some localized numbness remained for a number of days. |                                  |                                 |
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