



To: Physicians, Nurses, and Other Health Care Providers in American Samoa
From: Ron Kirschner, MD
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Subject: Fish Sting Update
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- Jellyfish are members of the phylum Cnidaria that have tentacles with stinging cells (nematocysts) that can inject venom intradermally.
- Nematocysts can be triggered by pressure or chemical changes.
- Local effects include immediate pain, pruritis, and paresthesias with development of a rash that may progress to blistering, ulceration or necrosis.
- Systemic effects can include hemodynamic instability, dysrhythmias, and bronchospasm.
- Treatment is aimed at removal of remaining tentacles before further venom release along with symptomatic and supportive care (an antivenom is only available for *Chironex fleckeri*, the Australian box jellyfish).
- Seawater or vinegar may be used to wash off remaining tentacles. Plain water is not recommended as it may trigger further venom release.
- Remaining tentacles can be removed by forceps or scraped off with a shell or other flat object (providers should avoid direct contact with tentacles).
- Following tentacle removal, hot water immersion or heat packs may be effective in relieving pain.
 - As with fish stings, the affected part should be immersed in the hottest water that the patient can tolerate (40-45 °C) for up to 90 minutes, taking care not to cause burn injury (avoid hot water immersion if local or regional anesthesia has been given).
- Patients with hemodynamic instability, dysrhythmias, or respiratory compromise should be admitted to the hospital for standard supportive care.

References: Auerbach, Wilderness Medicine 6th edition, 2011
Ward NT. Evidence-based treatment of treatment of jellyfish stings. *Ann Emerg Med* 2012; 60: 399.

Our trained staff of nurse specialists in poison information and physician toxicologists is available 24 hours a day to answer your questions. We can be reached at **1-800-222-1222**.

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