

Scorpion Sting Management at Tertiary and Secondary Care Emergency Departments

Suad Al Abri¹, Munira Al Rumhi¹, Ghaitha Al Mahrouqi^{2*} and Ali Salih Shakir²

¹Toxicology Unit, Emergency Department, Sultan Qaboos University Hospital, Muscat, Oman

^{2*}Accident and Emergency Department, Sultan Qaboos University Hospital, Muscat, Oman.

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ABSTRACT

Objective: We sought to review the management of scorpion stings in tertiary and secondary care emergency departments in Oman and determine physician's knowledge of management protocols.

Methods: We conducted a retrospective study of all scorpion stings cases seen in Sultan Qaboos University Hospital (SQUH) emergency department (ED) from March 2016 to July 2017. Additionally, we conducted a survey of ED physicians regarding their management of scorpion stings in three different EDs including SQUH.

Results: The total number of scorpion stings seen at SQUH during the study period was 128. Localized pain was seen in 97.7% (n=125), swelling in 14.8% (n=19) and local redness in 7.0% (n=9) of patients. Around 13.0% (n=17) of patients were found to have systemic symptoms with tachycardia being the most common. Bedside clotting test was done for 11.7% (n=15) of patients. The most commonly used treatment was local anesthesia (54.7%, n=70). No patient received scorpion anti-venom. In the 89 surveyed physicians the main management method used was analgesia (88.8%, n=71) followed by local anesthesia (81.1%, n=65). Most physicians (80.0%, n=64) believed that local anesthesia was the most effective management. However, 32.5% (n=26) ordered a whole blood bedside clotting test, 69.2% (n=18) of which were junior doctors.

Conclusion: Most scorpion sting cases managed in SQUH had local symptoms. Tachycardia was the most common systemic manifestation. Bedside clotting test was not commonly ordered and mainly requested by junior doctors. Local anesthesia infiltration is the recommended management.

Corresponding author: Ghaitha Al Mahrouqi, Accident and Emergency Department, Sultan Qaboos University Hospital, Muscat, Oman, E-mail: omcf11080@omc.edu.om

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