

Schmidt Pain Index Assessment

Patient Information

Patient Name:

Date:

Insect Sting Description

Species:

Location of Sting:

Date and Time of Sting:

Severity of Reaction:

Any Previous History of Sting Allergy:

Schmidt Pain Index Rating

Level 1:

Level 2:

Level 3:

Level 4:

Symptoms and Reactions

Pain Description:

Duration of Pain:

Other Symptoms (if any):

Treatment

Initial Treatment Administered:

Additional Medications or Interventions:

Follow-Up Recommendations:

Notes

Additional Observations:

Any Complications or Concerns:

Plan for Future Management:

Provider Signature:

Date: