

Drowning

Protocol

Douglas County KS EMS System

November 2022

Referenced Procedures: None

Goals for patient care:

- Assessment and management of life-threatening injuries
- Transport of all patients for hospital evaluation except for obvious death
- Aggressive airway management to ensure adequate oxygenation and ventilation

Guidelines

Ensure scene safety for providers and patient.

Care should be directed to initial management and because subacute respiratory difficulty may develop after the initial episode, all patients of drowning (to include "near drowning", "dry drowning", etc.) should be transport to the hospital

Procedures/Interventions

- Initiate resuscitation in all drowning with down time less than 90 minutes
 - Refer to CAPE
 - Consider Early transport and contact medical control if required
- Realize potential cervical spine injury is present and consider spinal motion restriction in patients with an appropriate mechanism – diving, skiing, surfing, watercraft accident
- Secure EKG and IV after ABCs
- When able, please attempt to gather history
 - Preceding events
 - Length of submersion
 - Water temperature
 - potential associated trauma
- If severely hypothermic (<90°F or <30°C rectal), initiate hypothermia treatment (see environmental emergencies protocol)
 - Note that cardiac arrest medication dose intervals increase (1.5-2x)
- Monitor ECG/vitals during transport, transmit to medical control
- Consider NIPPV (see NIPPV protocol)
- Check blood sugar and treat per hyperglycemia/hypoglycemia protocol if low

Considerations

Considerations for crews on scene prior to EMS arrival

- If in cardiac arrest follow CAPE protocol
- If severely hypothermic handle pt. with care as to not cause ventricular fibrillation
- Obtain pt. history. Obtain history of incident.
- Refer to drowning protocol for additional information.