



Portage County EMS Patient Care Guidelines



Submersion

Notes:

- RESCUER SAFETY IS #1. Many well-intentioned volunteer and professional rescuers have been injured or killed attempting to save a drowning victim.
- If the victim is still in the water dispatch local water rescue resources
- Submersion is a loss of consciousness under water
- Submersion incidents commonly have delayed onset signs and symptoms. Strongly encourage patients to be transported to a hospital for evaluation.

| Priorities | Assessment Findings |
|-----------------------|---|
| Chief Complaint | "Drowning", "Near Drowning" |
| LOPQRST | Onset. Duration of time under water. Water temperature, if known. Bystander CPR performed? AED Used? |
| AS/PN | Alcohol involved? Trauma involved? |
| AMPL | Allergies? Medications? |
| Initial Exam | Check ABCs and correct immediately life-threatening problems. |
| Detailed Focused Exam | Vital Signs: BP, HR, RR, Temp, SpO ₂ General Appearance: lifeless Skin: pale, cool, mottled Lungs: wet or clear? Heart: Rate and regularity? Absent heart sounds? Neuro: Unresponsive? |
| Data | Blood sugar, cardiac monitor, SpO ₂ . |
| Goals of Therapy | Return of spontaneous circulation (ROSC) |
| Monitoring | BP, HR, RR, cardiac monitoring, SpO ₂ . |

EMERGENCY MEDICAL RESPONDER

- Routine C-spine stabilization of all submersion patients is not indicated.
- When a mechanism of injury (e.g. diving accidents), or obvious signs of trauma, is present:
 - C-spine stabilization is indicated.
 - Open the airway with a jaw-thrust maneuver.
 - Ventilate the patient while maintaining C-spine stabilization.
 - Remove the patient from the water on a long-spine board.
- Always assume that hypothermia is present and follow the *Hypothermia and Frostbite Guidelines*.
- Administer oxygen 2 – 4 LPM per nasal cannula if SpO₂ < 94%. Increase flow and consider non-rebreather mask to keep SpO₂ > 94%
- Do NOT start CPR if the patient has been submerged for more than 1 hour

Give a status report to the ambulance crew by radio ASAP.

EMERGENCY MEDICAL TECHNICIAN

- Consider CPAP for respiratory distress

Give a status report to the ambulance crew by radio ASAP.

ADVANCED EMERGENCY MEDICAL TECHNICIAN

- IV normal saline @ KVO
- If hypotensive initiate a normal saline bolus of 500 ml

Contact Medical Control for the following:

- Additional orders

INTERMEDIATE/ PARAMEDIC

- Consider endotracheal intubation

Contact Medical Control for the following:

- Additional orders

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| State of Wisconsin Approval 03/20/2016 | M. Sarah Brandt, MD |
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