

## NEAR-DROWNING

### I. PRIORITIES:

- A. Assessment - Vital signs, lung sounds, Glasgow Coma scale, assess possibility of spine trauma. These items are a minimum - full assessment is always indicated if the situation permits. Resuscitate all victims with an unknown down time.

### II. TREATMENT:

#### A. Cardiopulmonary Arrest

1. Good basic CPR first.
2. Maintain airway with manual methods. (Chin lift or jaw thrust is preferred. Head hyperextension is discouraged and should only be used when all other methods have failed.)
3. Insert oropharyngeal airway and ventilate with a bag-valve-mask with reservoir tubing and supplemental oxygen at 15 liters/minute.
4. Cardiac compressions.
5. Spine immobilization if history of diving or head trauma.
6. If the patient vomits, the immobilization should be secure enough to allow the patient to be turned as a unit on his side to maintain the airway and allow suctioning.

#### B. Non-Arrest

1. Oxygen: 15 liters/minute by non-rebreathing mask. If ventilatory assistance needed, 100% via BVM.
2. Spine immobilization if history of diving or head trauma.
3. Remove wet clothing, apply dry blankets.

### III. NOTES:

#### A. History

1. Time on submersion, water temperature, water quality.
2. Trauma? (diving, skiing, boating)

#### B. Physical Exam

1. Mental status (Glasgow Coma Scale)
2. Quality of respiration, cyanosis?
3. Signs of trauma?