

**DROWNING/NEAR DROWNING
PROTOCOL**

Purpose: To provide a process for the assessment and management of drowning or near drowning incidents.

- M B S P I. Assessment Information**
 - A. History:
 - 1. Current History: mechanism of injury, submersion time, water temperature, type of water
 - B. Specific Objective Findings: vital signs, including breath sounds; signs of trauma

- II. Management**
 - A. Establish and maintain the airway with spine stabilization, if risk of trauma. Provide oxygenation and support ventilations as needed.
 - B. **If pulse is absent**, CPR per AHA/ARC standards.
 - 1. If submersion time is greater than 2 hours, immediately contact Medical Control for possible referral to the Dead On Scene Policy.
 - 2. Monitor EKG.
 - a. If monitor or AED indicates defibrillation warranted, defibrillate up to three shocks.
 - 3. Obtain patient's temperature:
 - a. 4 minutes rectally.
 - b. Axillary site is permissible, but rectal is preferred and is required in transport longer than 15 minutes.
 - 4. Prevent further heat loss by transport in a warm environment (> than 90° F). Patient should be dry. No other active re-warming unless directed by Medical Control.
 - 5. **If patient temperature is > 86° F**, go to appropriate Cardiac Arrest Protocol.
 - 6. **If patient temperature is < 86° F**, refer to Hypothermia/Frostbite Protocol.

CONTACT MEDICAL CONTROL

7. Possible orders

- post-radio contact:**
- a. Medications or further defibrillation as ordered by Medical Control.
 - b. Immediate transport per area Destination Policy.

- M B S P C. If pulse is present:**
 - 1. Monitor EKG.

WEST MICHIGAN REGIONAL PROTOCOL

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2. Obtain patient's temperature:
 - a. 4 minutes rectally.
 - b. Axillary site is permissible, but rectal is preferred and is required in transfers longer than 15 minutes.

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3. If patient is hypothermic, go to Hypothermia/Frostbite Protocol.
4. Prevent further heat loss by transport in a warm environment (> 90° degrees F). Patient should be dry. No other active re-warming unless directed by Medical Control.

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5. Continued support of oxygenation and ventilation.
6. Consider vascular access.

CONTACT MEDICAL CONTROL

7. Possible orders

post radio contact:

- a. Medications as ordered
- b. Immediate transport

III. Special Considerations

M B S P

- A. Patient suspected of hypothermia should receive gentle handling, as movement may precipitate VF.

5/12/98