

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 07/01/02

Protocol: P-012

## DECOMPRESSION ILLNESS

### SUBJECTIVE FINDINGS

Dive history:

- Total dive time.
- Number of dives made.
- Duration of and time since descent/ascent (total surface interval).
- Depth of deepest submersion and depth of last dive.
- Temperature of the water.
- Symptom onset.
- Mechanism of injury suggestive of head/neck injury.
- Did the diver perform an emergency ascent? If so, from what depth?
- Was the dive made with compressed air or other types of mixed air?

### OBJECTIVE FINDINGS

- Joint pain (location).
- Pulmonary exam: rales or signs of pulmonary edema, respiratory distress.
- Neurologic exam: monitor continuously for changes or focal deficits.
- Cardiac rhythm.
- Symptoms resolve with 100% oxygen.

BLS Treatment	ALS Treatment
<ul style="list-style-type: none"><li>• Routine Medical Care.</li><li>• 100% oxygen by non-rebreather mask</li><li>• Place patient in left lateral position, have suction ready .</li><li>• Immediate TRANSPORT to a local facility appropriate for the nature of the patient's complaint e.g. closest receiving facility for cardiac arrest.</li></ul>	<ul style="list-style-type: none"><li>• IV of NS.</li><li>• If hypotensive (SBP &lt; 90 or signs of poor perfusion): fluid challenge (500 ml NS, reassess and repeat if indicated).</li></ul>

### DOCUMENTATION

- Dive history
- Pulmonary and neurologic exam

### PRECAUTIONS AND COMMENTS

- Shock position is contraindicated
- Be alert for recurring hypoxia.
- Low altitude (< 100 feet), rapid aero medical transport if necessary, to the nearest facility with hyperbaric chamber AFTER stabilization at the ED.