

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/11/11

Protocol: P-013

## (NEAR) DROWNING

### SUBJECTIVE FINDINGS

- Description and temperature of fluid in which submerged - salt or fresh water.
- Length of time submerged.
- Depth and mechanism of injury.
- Possibility of alcohol or other drugs/medications involved.

### OBJECTIVE FINDINGS

- Evidence of head and/or neck trauma and other associated injuries.
- Neurologic status: monitor on a continuous basis.
- Respiratory: rales or signs of pulmonary edema, respiratory distress.

BLS Treatment	ALS Treatment
<ul style="list-style-type: none"><li>• Routine Medical Care.</li><li>• Pulse oximetry if available.</li><li>• Stabilize neck prior to removing patient from water if suspicion of neck injury.</li><li>• If hypothermic, see HYPOTHERMIA Protocol (P-018).</li><li>• If dysbarism is suspected, see DECOMPRESSION ILLNESS Protocol (P-012).</li><li>• If other trauma is suspected, refer to appropriate TRAUMA Protocol.</li></ul>	<ul style="list-style-type: none"><li>• Advanced airway intervention, as necessary.</li><li>• Cardiac monitor.</li><li>• IV of NS.</li></ul>

### DOCUMENTATION

- Respiratory exam.
- Evaluation for possibility of trauma.
- If present, C-spine precautions implemented.

### PRECAUTIONS AND COMMENTS

- All near drownings or submersions should be transported. Any patient can deteriorate rapidly.
- If there has been witnessed submersion of > 25 minutes or paramedic assessment of no potential to respond to treatment contact base hospital physician for confirmation of cessation or withholding of resuscitation.
- Ensure trained water rescuers are on scene if necessary.