NON-FATAL DROWNING (P64)

Drowning or near drowning patients may also have significant head, neck, and back injuries. Strongly consider spinal immobilization when a history of jumping or diving into the water exists, or the history is unclear.

	F	E	O	P	D
SPINAL MOTION RESTRICTION: as indicated.	X	X	X	X	
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.				X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.				X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
PUSH DOSE EPINEPHRINE: • Draw up patient 0.01 mg/kg code dose 1:10,000 (0.1 mg/mL) epi • In same syringe, draw the necessary quantity of NS to total 10 mL • Label the syringe with “epi” and the calculated concentration in mcg/mL • Give 1 mL (1 mcg/kg) every 1 – 2 minutes and titrate to age appropriate SBP				X	
Refer to HYPOTHERMIA P61 as indicated.	X	X	X	X	