NON-FATAL DROWNING (A63)

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	
CAPNOGRAPHY: apply and monitor.				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	
ADVANCED AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA or ETI.				X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
CPAP: as indicated.				X	
PUSH DOSE EPINEPHRINE: for hypotension – titrate to SBP ≥ 90 • Mix 1 mL of Epi 1:10,000 (0.1 mg/mL) with 9 mL of NS = concentration of 1:100,000 (0.01 mg/mL) • Label syringe “epinephrine 10 mcg/mL” • 0.5 – 1 mL (5 – 10 mcg) IVP every 1 – 5 minutes If SBP does not stabilize ≥ 90 after two doses, consider epinephrine drip. Refer to Epinephrine Drip Chart (TCEMSA Rx Guidelines)				X	
Refer to HYPOTHERMIA - FROSTBITE A61 as indicated	X	X	X	X	