

E3**NEAR DROWNING**

EMS personnel should always consider cervical spinal injuries and hypothermia complications when attending to a near drowning victim. Focus must be on early management of the ABCs and establishment and maintenance of a patent airway.

GENERAL

- scene assessment for mechanism of injury
- personal protective equipment should be utilized as appropriate
- body substance isolation techniques and equipment should be utilized as appropriate
- ensure personal safety and safety of bystanders
- attempt to obtain a history of the event including the length of time the patient may have been submerged
- note the environmental conditions and the approximate temperature of the water
- primary survey
 - can be performed prior to removing the patient from the water
 - assess and manage ABCs
 - initiate ventilations if required
 - consider cervical spine protection
 - maintenance of an open airway and ensuring adequate respirations has priority over all other treatments, including control of the cervical spine
 - assess and manage gross bleeding
- once the patient has been removed from the water, initiate CPR if required
 - airway may require extensive and ongoing clearing
 - administer 100% oxygen using suitable delivery device
- place patient in recovery position, if appropriate
- consider load and go criteria
- assess the patient for cardiac arrest and manage as indicated
 - ensure the patient is dried off prior to defibrillation
 - extreme care must be taken to avoid an electrical injury during defibrillation
 - hypothermia must be considered - see Environmental Emergencies Guideline - for hypothermia defibrillation procedures

- initiate transport
 - on scene times should be kept to a minimum
 - treat other life-threatening conditions en route
- transport the patient to the nearest appropriate health care facility
 - notify the receiving health care facility of the patient's status as soon as possible
 - transport patient in a recovery position, injuries permitting
 - monitor and treat the patient en route
 - additional surveys and treatments should be conducted en route
- report all findings to the receiving facility staff, and document on the patient care report

NOTE

- scene safety and possible bystander control must be continuously reassessed
- bronchospasm may make it difficult to ventilate
 - repositioning and bag-valve-mask ventilation may make ventilation possible
 - if the airway remains obstructed
 - initiate immediate load and go
 - continue to attempt to ventilate en route (refer to Airway Management Guideline)
- assume a cervical spine injury may be present and modify patient positioning and airway maneuvers appropriately
- treat all drowning and near drowning patients as possible hypothermia patients
- assess the patient for other injuries and treat if EMS staff availability, time, and the patient's condition permit

NOTES :