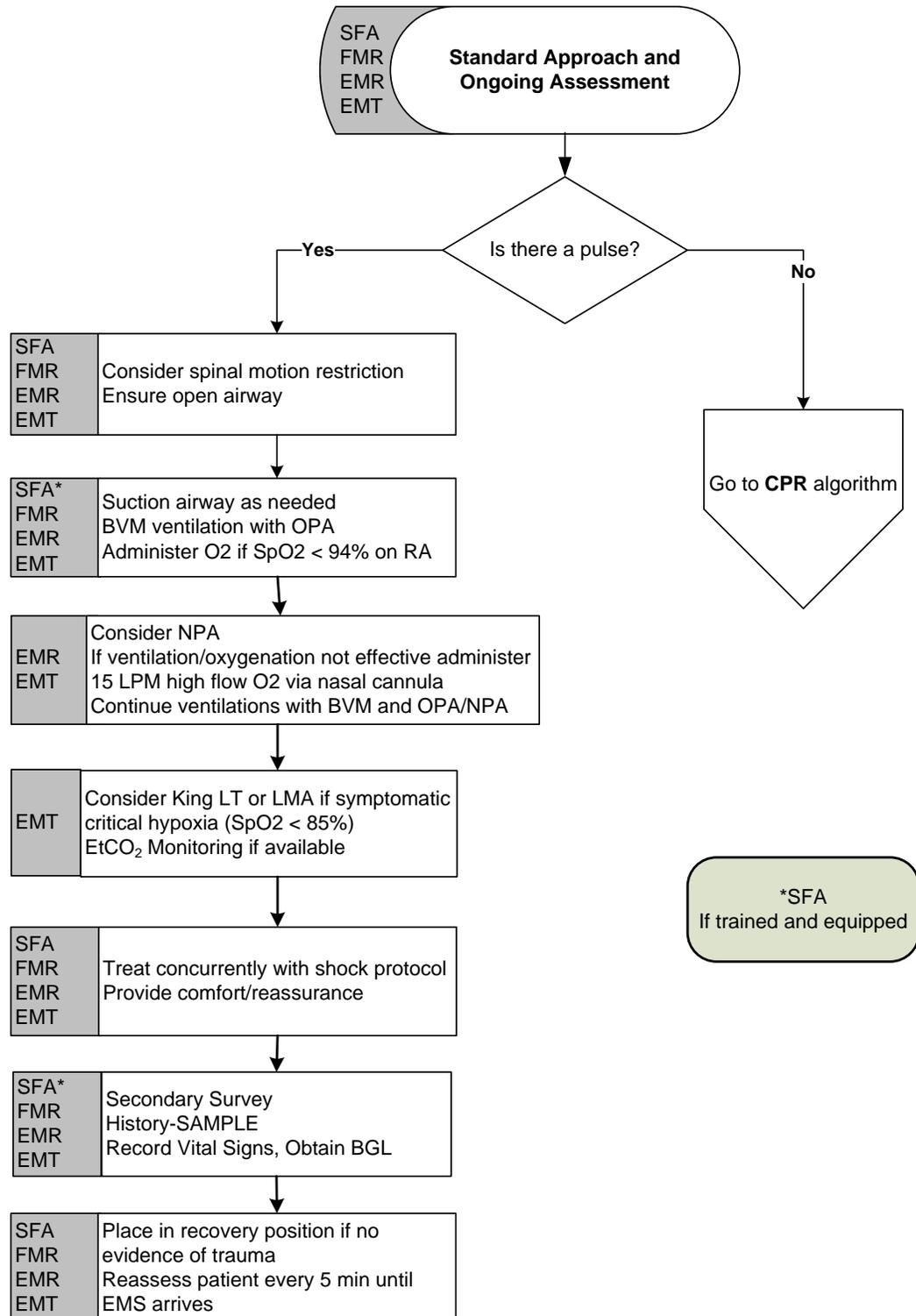


Algorithm 13 Drowning / Near Drowning



Drowning / Near Drowning (Algorithm 13)

The most important consequence of prolonged, underwater submersion without ventilation is **hypoxia**. Therefore, restoration of ventilation and perfusion should be accomplished as rapidly as possible.

Every submersion victim, even one who requires only minimal resuscitation and regains consciousness at the scene, should be transferred to a medical facility for follow-up care. Oxygen should be administered continually and the patient status should be frequently evaluated since pulmonary injury may develop several hours after submersion.

Successful resuscitation with full neurological recovery has occurred in near-drowning victims with prolonged submersion in extremely cold water. Since it is difficult for rescuers to estimate length of submersion, resuscitation efforts should be initiated unless there is obvious physical evidence of death, such as decomposition or rigor mortis (DRIED).

Try to determine the length of submersion, water temperature, water type (salt, fresh), and whether a diving accident is involved. This will determine the course of treatment and the likelihood of survival of the patient.

Hypothermia

If the average temperature of outdoor water is 5 - 10° C, hypothermia should be suspected in drowning or near-drowning patients.

Hazards

When attempting to rescue a near-drowning victim, the rescuer should get to the victim as quickly as possible while maintaining personal safety. Responders need to have appropriate PPE, training and equipment when working around the water's edge or attempting to use a throw bag.

C-Spine

In all drowning and near-drowning patients, neck injury should be suspected, the neck should be supported in the neutral position, and the victim should be floated supine onto a back support before being removed from the water.

Airway

Initial treatment consists of opening and maintaining the airway. Oxygen should be administered at by NRB.

- **If no adequate breathing** – Provide ventilations with a mask, BVM and airway adjunct as necessary.