

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Adult Drowning – Near Drowning

Overview: Drowning and near patients may have severe, delayed fluid and electrolytes imbalances which may have fatal effect. ALL near drowning patient should be transported to the hospital.

INFORMATION NEEDED

- Scene survey completed
- A complete Initial assessment of the patient
- Pertinent focused assessment of the patient
- Description and temperature of fluid in which submerged
- Length of time submerged
- Possibility of alcohol or other drugs / medications involved

OBJECTIVE FINDINGS

One or more of the following identified

- Significant mechanisms of injury / nature of illness
- Evidence of head / or neck trauma and other associated injuries
- Neurological status: monitor on a continuous basis. Mental status (AVPU)
- Respiratory: rales or signs of pulmonary edema, respiratory distress
- Airway patency (head-tilt chin lift OR modified jaw thrust for unconscious patient or if C-spine trauma is a possibility)
- Ventilatory status (rate and depth of respirations, work of breathing)
- Oxygenation and Circulatory status (pulse oximetry, vital signs)

TREATMENT

- Routine medical care
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA, Combi-tube). Secure the airway.
- Apply AED if patient in arrest. Follow appropriate defibrillation protocol
- Stabilize neck prior to removing patient (if necessary)
- If hypothermic, see Hypothermia protocol.
- If other trauma is suspected refer to appropriate trauma protocol.
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- BLS maneuvers to remove Foreign Body Airway Obstruction if indicated
- Reassess ABC's including patient's color.
- Reassess BLS methods to maintain airway patency and good ventilation.
- Consider ALS intercept

Documentation of adherence to protocol:

- ___ Respiratory exam
- ___ Evaluation for possibility of trauma, if present C-spine precautions.

PRECAUTIONS AND COMMENTS

- All near drowning or submersions should be transported. Any patient can deteriorate rapidly.
- Ensure trained water rescuers are on scene if necessary
- For in-field termination or declaration of death, refer to “Triple Zero Policy” or “In-field Termination”
- Utilize BLS methods for maintaining airway patency and good ventilations and reassess patient’s oxygenation and ventilatory status

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

SMO: Adult Drowning – Near Drowning

Overview: Drowning and near patients may have severe, delayed fluid and electrolytes imbalances which may have fatal effect. ALL near drowning patient should be transported to the hospital.

INFORMATION NEEDED

- Scene survey completed
- A complete Initial assessment of the patient
- Pertinent focused assessment of the patient
- Description and temperature of fluid in which submerged
- Length of time submerged
- Possibility of alcohol or other drugs / medications involved

OBJECTIVE FINDINGS

One or more of the following identified

- Significant mechanisms of injury / nature of illness
- Evidence of head / or neck trauma and other associated injuries
- Neurological status: monitor on a continuous basis. Mental status (AVPU)
- Respiratory: rales or signs of pulmonary edema, respiratory distress
- Airway patency (head-tilt chin lift OR modified jaw thrust for unconscious patient or if C-spine trauma is a possibility)
- Ventilatory status (rate and depth of respirations, work of breathing)
- Oxygenation and Circulatory status (pulse oximetry, vital signs)

TREATMENT

- Routine medical care
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA, Combi-tube, Intubation).
- Apply cardiac monitor. Follow appropriate dysrhythmia protocol
- Stabilize neck prior to removing patient (if necessary)
- If hypothermic, see Hypothermia protocol.
- If other trauma is suspected refer to appropriate trauma protocol.
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- BLS and ALS maneuvers to remove Foreign Body Airway Obstruction if indicated
- Reassess ABC's including patient's color.
- Reassess BLS / ALS methods to maintain airway patency and good ventilation.
- IV access

Documentation of adherence to protocol:

- ___ Respiratory exam
- ___ Evaluation for possibility of trauma, if present C-spine precautions.

PRECAUTIONS AND COMMENTS

- All near drowning or submersions should be transported. Any patient can deteriorate rapidly.
- Ensure trained water rescuers are on scene if necessary
- For in-field termination or declaration of death, refer to “Triple Zero Policy” or “In-field Termination”
- Utilize BLS / ALS methods for maintaining airway patency and good ventilations and reassess patient’s oxygenation and ventilatory status