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 – Intermediate, 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 dysrythmia 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