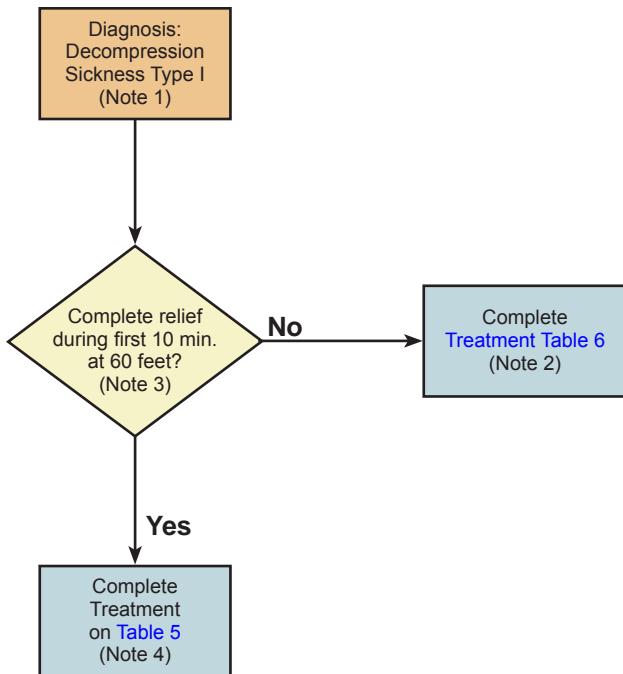


**Figure 17-1.** Treatment of Arterial Gas Embolism or Serious Decompression Sickness.

## Treatment of Type I Decompression Sickness



### NOTES:

1. If a complete neurological exam was not completed before recompression, treat as a Type II symptom.
2. [Treatment Table 6](#) may be extended up to four additional oxygen-breathing periods, two at 30 feet and/or two at 60 feet.
3. Diving Supervisor may elect to treat on [Treatment Table 6](#).
4. [Treatment Table 5](#) may be extended two oxygen-breathing periods at 30 fsw.

Figure 17-2. Treatment of Type I Decompression Sickness.

**17-13.3 Advanced Cardiac Life Support (ACLS) Drugs and Equipment.** All commands with chambers that participate in the local area bends watch shall maintain those drugs recommended by the American Heart Association for ACLS. These drugs need to be in sufficient quantities to support an event requiring Advanced Cardiac Life Support. These drugs are not required to be in every dive kit when multiple chambers/kits are present in a single command. In addition, medications for the treatment of anaphylaxis, which can occur related to marine life envenomation, including Epinephrine 1:1000 solution, Diphenhydramine IM or PO and Hydrocortisone Sodium Succinate IV will be maintained in adequate quantities to treat one patient.

Emergency medical equipment in support of ACLS includes cuffed endotracheal tubes with adapters (7-8 mm), malleable stylet (approx. 12" in length), laryngoscope with blades (McIntosh #3 and #4, Miller #2 and #3). Additional mechanical devices

for verification of endotracheal tube placement are also authorized, but not required (Toomey-type or 50cc catheter tip syringe or equivalent).

**NOTE** **Some vendors supply pre-packed ACLS kits with automated replenishment programs (examples of which can be found on the Naval Expeditionary Combat Command (NECC) AMAL).**

17-13.4 **Use of Emergency Kits.** Unless adequately sealed against increased atmospheric pressure (i.e., vacuum packed), sterile supplies should be re-sterilized after each pressure exposure; or, if not exposed, to pressure, the sterile supplies should be replaced at package expiration date. Drugs shall be replaced when their expiration date is reached. Not all drug ampules will withstand pressure.

**NOTE** **Stoppered multi-dose vials with large air volumes may need to be vented with a needle during pressurization and depressurization and then discarded.**

Both kits should be taken to the recompression chamber or scene of the accident. Each kit is to contain a list of contents and have a tamper evident seal. Each time the kit is opened, it shall be inventoried and each item checked for proper working order and then re-sterilized or replaced as necessary. Unopened kits are inventoried quarterly. Concise instructions for administering each drug are to be provided in the kit along with current American Heart Association Advanced Cardiac Life-Support Protocols. In untrained hands, many of the items can be dangerous. Remember that as in all treatments **YOUR FIRST DUTY IS TO DO NO HARM.**

17-13.4.1 **Modification of Emergency Kits.** Because the available facilities may differ on board ship, at land-based diving installations, and at diver training or experimental units, the responsible Diving Medical Officer or Diving Medical Technician are authorized to augment the emergency kits to suit the local needs.

## Treatment of Symptom Recurrence

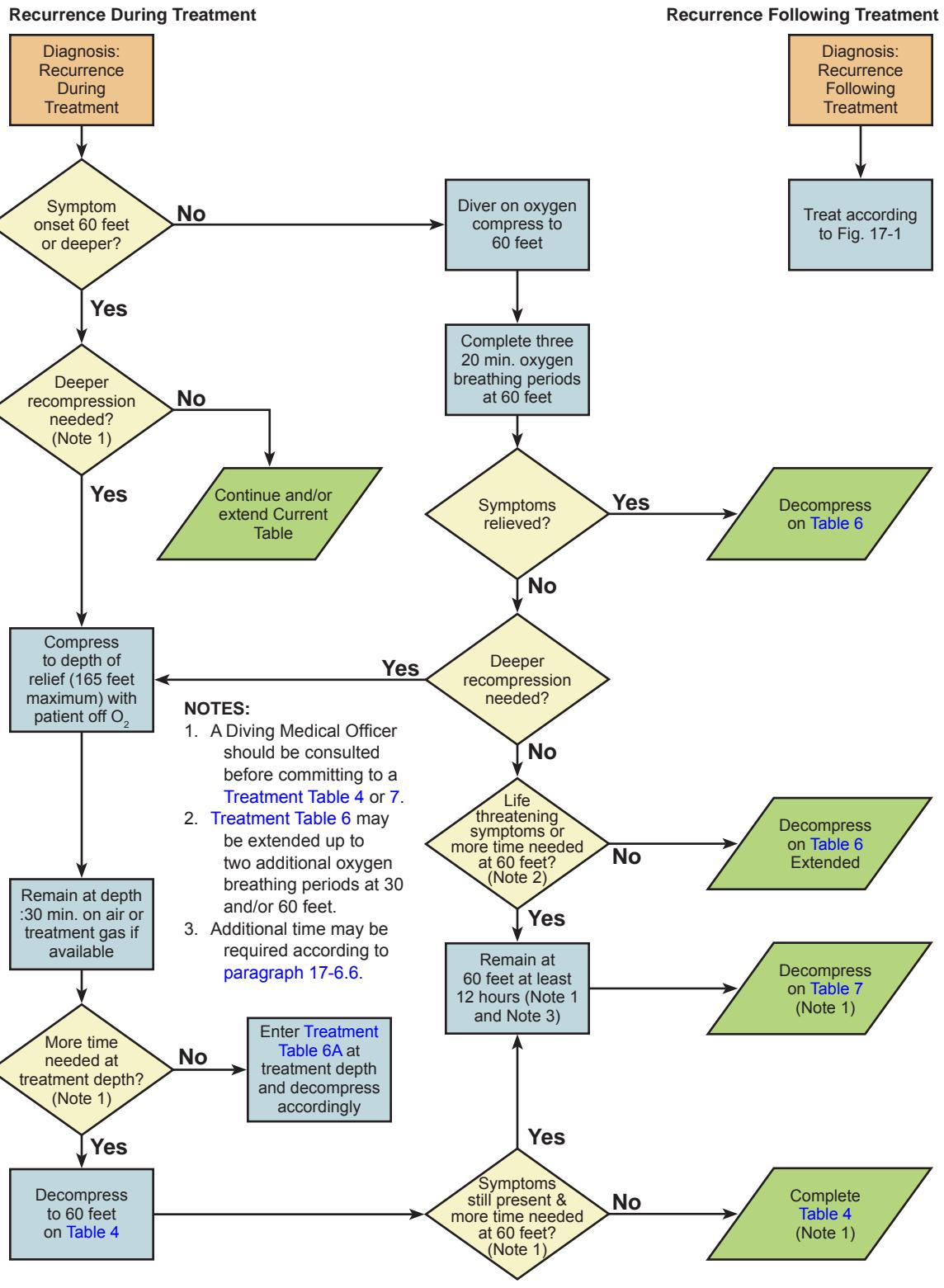


Figure 17-3. Treatment of Symptom Recurrence.

## Treatment Table 5

1. Descent rate - 20 ft/min.
2. Ascent rate - Not to exceed 1 ft/min. Do not compensate for slower ascent rates. Compensate for faster rates by halting the ascent.
3. Time on oxygen begins on arrival at 60 feet.
4. If oxygen breathing must be interrupted because of CNS Oxygen Toxicity, allow 15 minutes after the reaction has entirely subsided and resume schedule at point of interruption (see paragraph 17-8.10.1.1)
5. Treatment Table may be extended two oxygen-breathing periods at the 30-foot stop. No air break required between oxygen-breathing periods or prior to ascent.
6. Tender breathes 100 percent O<sub>2</sub> during ascent from the 30-foot stop to the surface. If the tender had a previous hyperbaric exposure in the previous 18 hours, an additional 20 minutes of oxygen breathing is required prior to ascent.

## Treatment Table 5 Depth/Time Profile

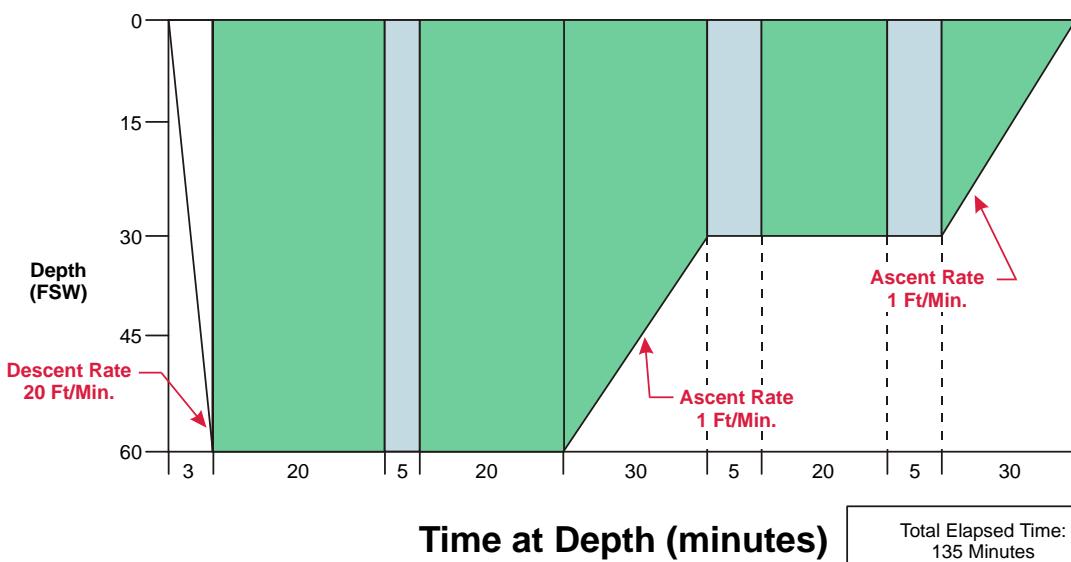
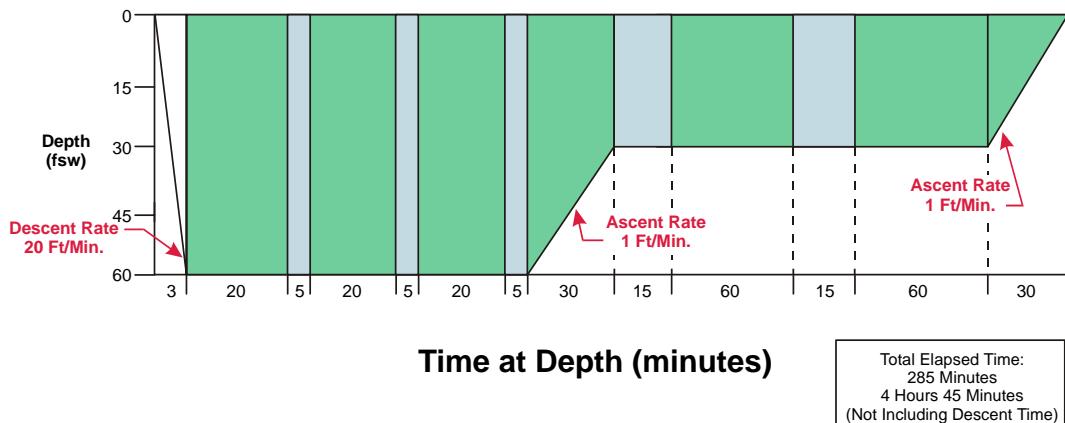


Figure 17-4. Treatment Table 5.

## Treatment Table 6

1. Descent rate - 20 ft/min.
2. Ascent rate - Not to exceed 1 ft/min. Do not compensate for slower ascent rates. Compensate for faster rates by halting the ascent.
3. Time on oxygen begins on arrival at 60 feet.
4. If oxygen breathing must be interrupted because of CNS Oxygen Toxicity, allow 15 minutes after the reaction has entirely subsided and resume schedule at point of interruption (see paragraph 17-8.10.1.1).
5. Table 6 can be lengthened up to 2 additional 25-minute periods at 60 feet (20 minutes on oxygen and 5 minutes on air), or up to 2 additional 75-minute periods at 30 feet (15 minutes on air and 60 minutes on oxygen), or both.
6. Tender breathes 100 percent O<sub>2</sub> during the last 30 min. at 30 fsw and during ascent to the surface for an unmodified table or where there has been only a single extension at 30 or 60 feet. If there has been more than one extension, the O<sub>2</sub> breathing at 30 feet is increased to 60 minutes. If the tender had a hyperbaric exposure within the past 18 hours an additional 60-minute O<sub>2</sub> period is taken at 30 feet.

**Treatment Table 6 Depth/Time Profile**

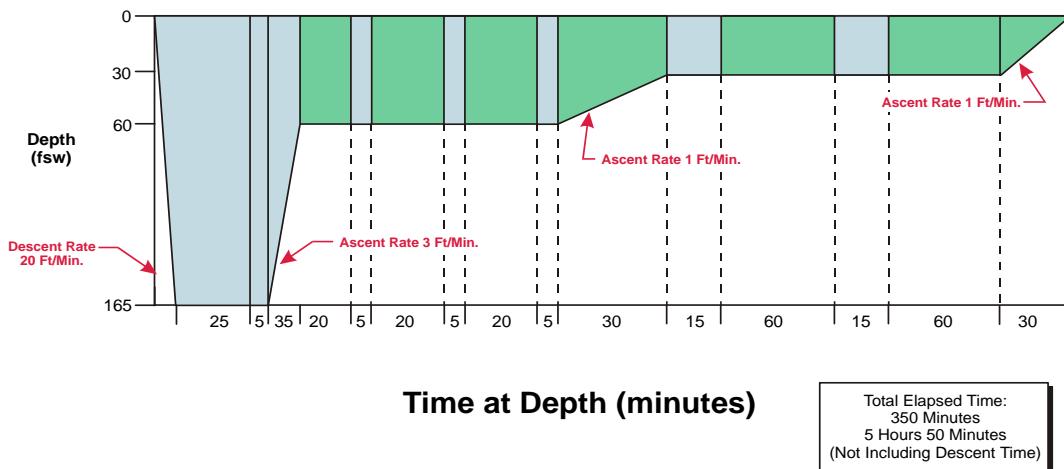


**Figure 17-5.** Treatment Table 6.

## Treatment Table 6A

1. Descent rate - 20 ft/min.
2. Ascent rate - 165 fsw to 60 fsw not to exceed 3 ft/min, 60 fsw and shallower, not to exceed 1 ft/min. Do not compensate for slower ascent rates. Compensate for faster rates by halting the ascent.
3. Time at treatment depth does not include compression time.
4. Table begins with initial compression to depth of 60 fsw. If initial treatment was at 60 feet, up to 20 minutes may be spent at 60 feet before compression to 165 fsw. Contact a Diving Medical Officer.
5. If a chamber is equipped with a high-O<sub>2</sub> treatment gas, it may be administered at 165 fsw and shallower, not to exceed 3.0 ata O<sub>2</sub> in accordance with [paragraph 17-8.9](#). Treatment gas is administered for 25 minutes interrupted by 5 minutes of air. Treatment gas is breathed during ascent from the treatment depth to 60 fsw.
6. Deeper than 60 feet, if treatment gas must be interrupted because of CNS oxygen toxicity, allow 15 minutes after the reaction has entirely subsided before resuming treatment gas. The time off treatment gas is counted as part of the time at treatment depth. If at 60 feet or shallower and oxygen breathing must be interrupted because of CNS oxygen toxicity, allow 15 minutes after the reaction has entirely subsided and resume schedule at point of interruption (see [paragraph 17-8.10.1.1](#)).
7. [Table 6A](#) can be lengthened up to 2 additional 25-minute periods at 60 feet (20 minutes on oxygen and 5 minutes on air), or up to 2 additional 75-minute periods at 30 feet (60 minutes on oxygen and 15 minutes on air), or both.
8. Tender breathes 100 percent O<sub>2</sub> during the last 60 minutes at 30 fsw and during ascent to the surface for an unmodified table or where there has been only a single extension at 30 or 60 fsw. If there has been more than one extension, the O<sub>2</sub> breathing at 30 fsw is increased to 90 minutes. If the tender had a hyperbaric exposure within the past 18 hours, an additional 60 minute O<sub>2</sub> breathing period is taken at 30 fsw.
9. If significant improvement is not obtained within 30 minutes at 165 feet, consult with a Diving Medical Officer before switching to [Treatment Table 4](#).

**Treatment Table 6A Depth/Time Profile**



**Figure 17-6.** Treatment Table 6A.

## Treatment Table 4

1. Descent rate - 20 ft/min.
2. Ascent rate - 1 ft/min.
3. Time at 165 feet includes compression.
4. If only air is available, decompress on air. If oxygen is available, patient begins oxygen breathing upon arrival at 60 feet with appropriate air breaks. Both tender and patient breathe oxygen beginning 2 hours before leaving 30 feet. (see paragraph 17-6.5).
5. Ensure life-support considerations can be met before committing to a Table 4. (see paragraph 17-8.10.1.1)  
Internal chamber temperature should be below 85° F.
6. If oxygen breathing is interrupted, no compensatory lengthening of the table is required.
7. If switching from Treatment Table 6A or 3 at 165 feet, stay a maximum of 2 hours at 165 feet before decompressing.
8. If the chamber is equipped with a high-O<sub>2</sub> treatment gas, it may be administered at 165 fsw, not to exceed 3.0 ata O<sub>2</sub>. Treatment gas is administered for 25 minutes interrupted by 5 minutes of air.

### Treatment Table 4 Depth/Time Profile

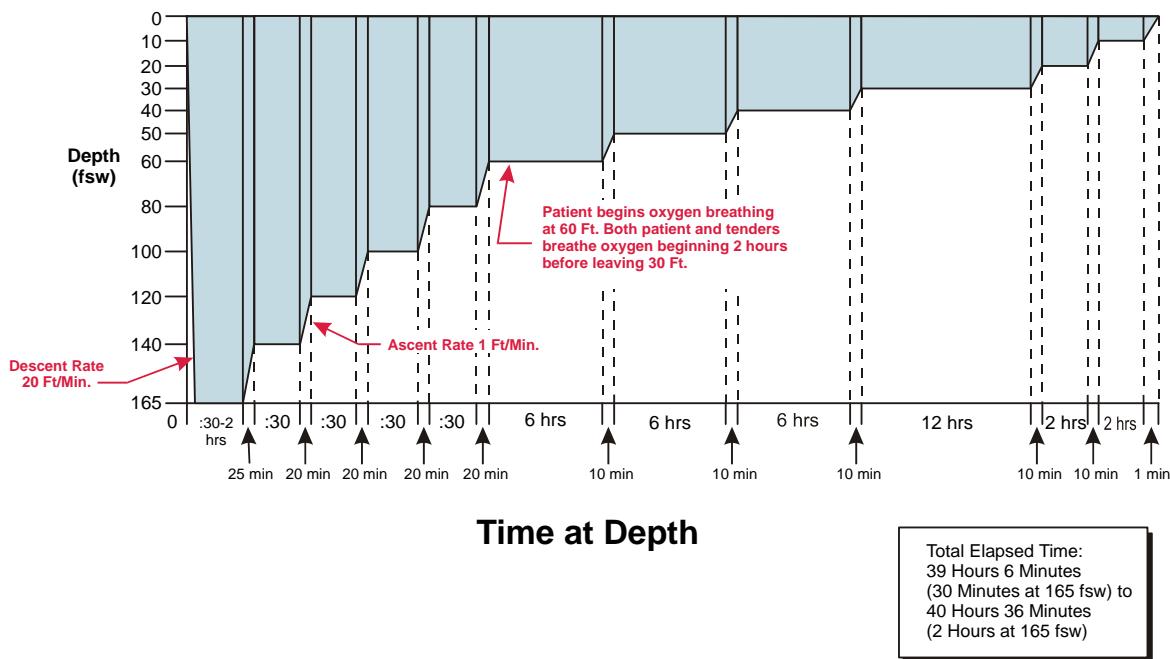


Figure 17-7. Treatment Table 4.

## Treatment Table 7

1. Table begins upon arrival at 60 feet. Arrival at 60 feet is accomplished by initial treatment on [Table 6, 6A or 4](#). If initial treatment has progressed to a depth shallower than 60 feet, compress to 60 feet at 20 ft/min to begin Table 7.
2. Maximum duration at 60 feet is unlimited. Remain at 60 feet a minimum of 12 hours unless overriding circumstances dictate earlier decompression.
3. Patient begins oxygen breathing periods at 60 feet. Tender need breathe only chamber atmosphere throughout. If oxygen breathing is interrupted, no lengthening of the table is required.
4. Minimum chamber O<sub>2</sub> concentration is 19 percent. Maximum CO<sub>2</sub> concentration is 1.5 percent SEV (11.4 mmHg). Maximum chamber internal temperature is 85°F ([paragraph 17-6.5](#)).
5. Decompression starts with a 2-foot upward excursion from 60 to 58 feet. Decompress with stops every 2 feet for times shown in profile below. Ascent time between stops is approximately 30 seconds. Stop time begins with ascent from deeper to next shallower step. Stop at 4 feet for 4 hours and then ascend to the surface at 1 ft/min.
6. Ensure chamber life-support requirements can be met before committing to a [Treatment Table 7](#).
7. A Diving Medical Officer should be consulted before committing to this treatment table.

### Treatment Table 7 Depth/Time Profile

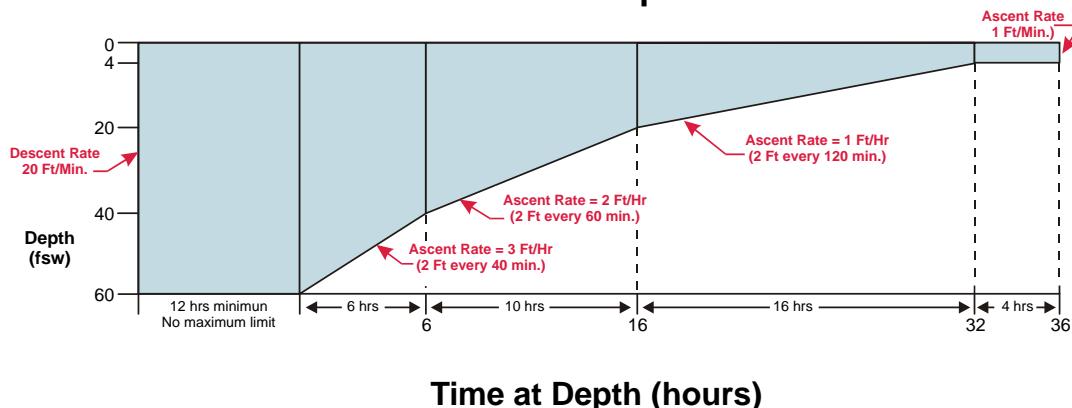


Figure 17-8. Treatment Table 7.

## Treatment Table 8

1. Enter the table at the depth which is exactly equal to or next greater than the deepest depth attained in the recompression. The descent rate is as fast as tolerable.
2. The maximum time that can be spent at the deepest depth is shown in the second column. The maximum time for 225 fsw is 30 minutes; for 165 fsw, 3 hours. For an asymptomatic diver, the maximum time at depth is 30 minutes for depths exceeding 165 fsw and 2 hours for depths equal to or shallower than 165 fsw.
3. Decompression is begun with a 2-fsw reduction in pressure if the depth is an even number. Decompression is begun with a 3-fsw reduction in pressure if the depth is an odd number. Subsequent stops are carried out every 2 fsw. Stop times are given in column three. The stop time begins when leaving the previous depth. Ascend to the next stop in approximately 30 seconds.
4. Stop times apply to all stops within the band up to the next quoted depth. For example, for ascent from 165 fsw, stops for 12 minutes are made at 162 fsw and at every two-foot interval to 140 fsw. At 140 fsw, the stop time becomes 15 minutes. When traveling from 225 fsw, the 166-foot stop is 5 minutes; the 164-foot stop is 12 minutes. Once begun, decompression is continuous. For example, when decompressing from 225 feet, ascent is not halted at 165 fsw for 3 hours. However, ascent may be halted at 60 fsw and shallower for any desired period of time.
5. While deeper than 165 fsw, a helium-oxygen mixture with 16-36 percent oxygen may be breathed by mask to reduce narcosis. A 64/36 helium-oxygen mixture is the preferred treatment gas. At 165 fsw and shallower, a HeO<sub>2</sub> or N<sub>2</sub>O<sub>2</sub> mix with a ppO<sub>2</sub> not to exceed 3.0 ata may be given to the diver as a treatment gas. At 60 fsw and shallower, pure oxygen may be given to the divers as a treatment gas. For all treatment gases (HeO<sub>2</sub>, N<sub>2</sub>O<sub>2</sub>, and O<sub>2</sub>), a schedule of 25 minutes on gas and 5 minutes on chamber air should be followed for a total of four cycles. Additional oxygen may be given at 60 fsw after a 2-hour interval of chamber air. See [Treatment Table 7](#) for guidance. If high O<sub>2</sub> breathing is interrupted, no lengthening of the table is required.
6. To avoid loss of the chamber seal, ascent may be halted at 4 fsw and the total remaining stop time of 240 minutes taken at this depth. Ascend directly to the surface upon completion of the required time.
7. Total ascent time from 225 fsw is 56 hours, 29 minutes. For a 165-fsw recompression, total ascent time is 53 hours, 52 minutes, and for a 60-fsw recompression, 36 hours, 0 minutes.

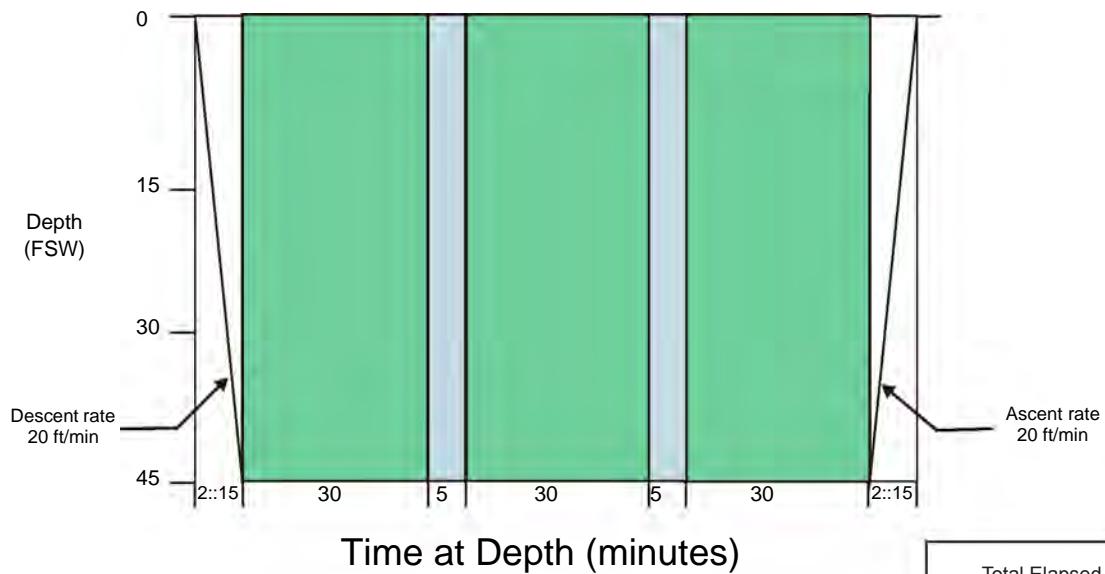
Depth (fsw)	Max Time at Initial Treatment Depth (hours)	2-fsw Stop Times (minutes)
225	0.5	5
165	3	12
140	5	15
120	8	20
100	11	25
80	15	30
60	Unlimited	40
40	Unlimited	60
20	Unlimited	120

**Figure 17-9.** Treatment Table 8.

## Treatment Table 9

1. Descent rate - 20 ft/min.
2. Ascent rate - 20 ft/min. Rate may be slowed to 1 ft/min depending upon the patient's medical condition.
3. Time at 45 feet begins on arrival at 45 feet.
4. If oxygen breathing must be interrupted because of CNS Oxygen Toxicity, oxygen breathing may be restarted 15 minutes after all symptoms have subsided. Resume schedule at point of interruption (see paragraph 17-8.10.1.1).
5. Tender breathes 100 percent O<sub>2</sub> during last 15 minutes at 45 feet and during ascent to the surface regardless of ascent rate used.
6. Patient may breathe air or oxygen during ascent.
7. If patient cannot tolerate oxygen at 45 feet, this table can be modified to allow a treatment depth of 30 feet. The oxygen breathing time can be extended to a maximum of 3 to 4 hours.

Treatment Table 9 Depth/Time Profile



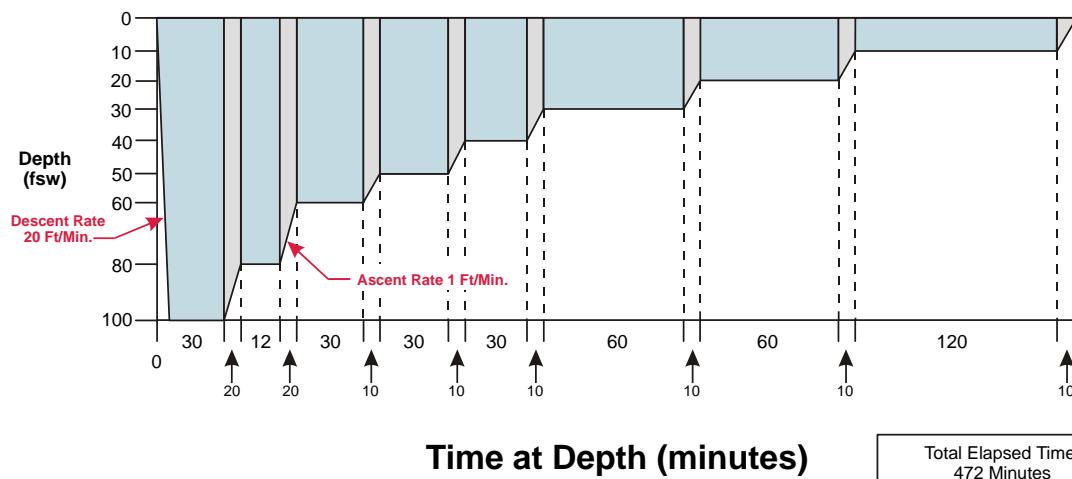
Total Elapsed Time:  
102:15  
(Not Including Descent Time)

Figure 17-10. Treatment Table 9.

## Air Treatment Table 1A

1. Descent rate - 20 ft/min.
2. Ascent rate - 1 ft/min.
3. Time at 100 feet includes time from the surface.

**Treatment Table 1A Depth/Time Profile**

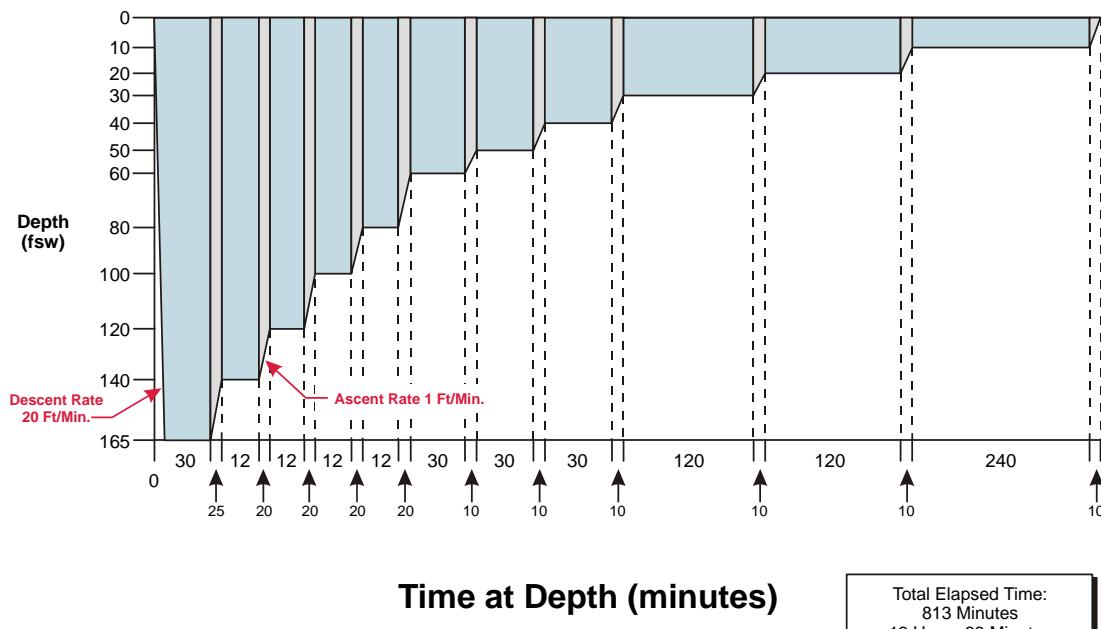


**Figure 17-11.** Air Treatment Table 1A.

## Air Treatment Table 2A

1. Descent rate - 20 ft/min.
2. Ascent rate - 1 ft/min.
3. Time at 165 feet includes time from the surface.

**Treatment Table 2A Depth/Time Profile**

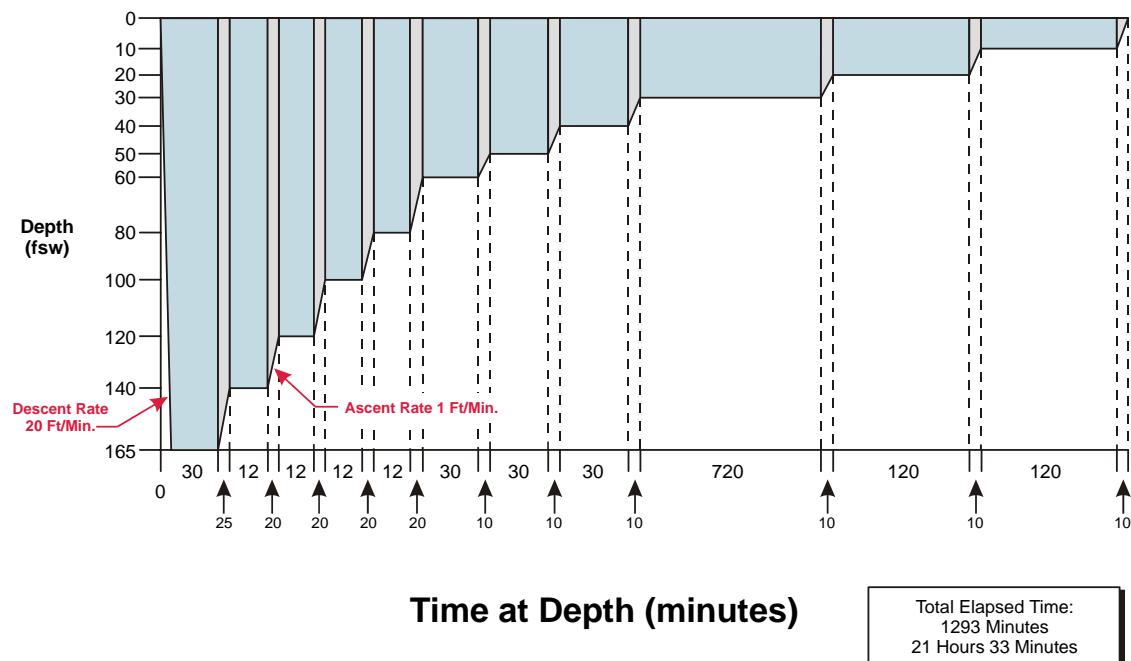


**Figure 17-12.** Air Treatment Table 2A.

## Air Treatment Table 3

1. Descent rate - 20 ft/min.
2. Ascent rate - 1 ft/min.
3. Time at 165 feet-includes time from the surface.

**Treatment Table 3 Depth/Time Profile**



**Figure 17-13.** Air Treatment Table 3.