



- a. Use positive pressure ventilation (e.g., CPAP) carefully in patients for whom pulmonary barotrauma is a consideration [See [Airway Management Guideline](#)] and if signs or symptoms of tension pneumothorax are present perform needle decompression
6. Patients with symptoms suspicious for decompression illness, should be placed on supplemental oxygen regardless of saturations to enhance washout of inert gasses
7. Assess for hypothermia, treat per [Hypothermia/Cold Exposure Guideline](#)
8. Consider contacting medical direction and discussing need for hyperbaric treatment and primary transport to facility with hyperbaric oxygen therapy (HBOT) capability — include discussion regarding factors such as submersion time, greatest depth achieved, ascent rate, and gas mix
9. Establish IV access
10. Fluid bolus as indicated

Patient Safety Considerations

1. If the patient is still in the water, seek safest and most rapid means of removal safe (within your scope of training) while minimizing risk of further injury
2. Seek assistance early for special rescue/extrication and transportation needs
3. Check for multiple patients (e.g., group dive table calculation error(s) or contaminated dive gases)

Notes/Educational Pearls

Key Considerations

1. Rescue efforts should be coordinated between all responding agencies to ensure that the patient is rapidly accessed and safely removed from the water if diver unable to do so themselves
2. If air medical transport is necessary, the patient should be transported with the cabin pressurized to lowest possible altitude. If an unpressurized aircraft is used (i.e., most helicopter emergency medical services (HEMS)), patient should be flown at the lowest safe altitude possible
3. Decompression illness may have a variety of presentations depending on system affected (e.g., skin, joint(s), pulmonary, neurologic)
4. SCUBA accidents/incidents can result in a variety of issues, including barotrauma, air embolism and decompression illness
5. Decompression illness may have a variety of presentations depending on system affected (e.g., skin, joint(s), pulmonary, neurologic), and can occur even when a diver does not exceed dive table limits
6. Do not attempt to disassemble, turn off, or modify any of the dive equipment. The dive computer may provide a clue about the patient's exposure to depth

Pertinent Assessment Findings

1. Vital signs findings
2. Neurologic status assessment findings
3. Respiratory assessment findings (i.e., oxygen saturation, respiratory rate)
4. Subcutaneous emphysema