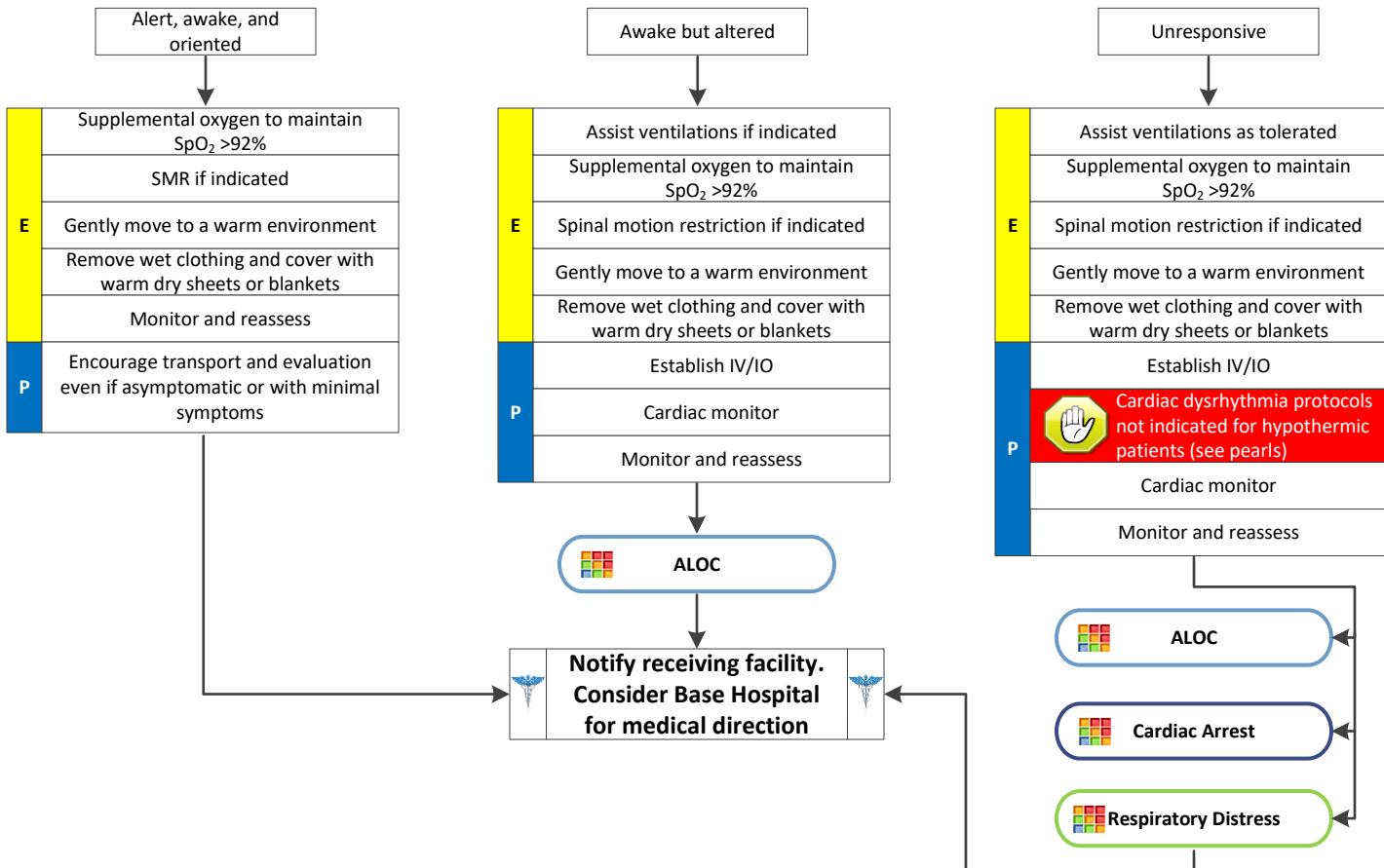


# Submersion/Drowning

For any submersion injury, including drowning and dive (decompression) emergencies

History	Signs and Symptoms	Differential
<ul style="list-style-type: none"> <li>Age</li> <li>Duration of submersion</li> <li>Water temperature</li> <li>Type of water (salt, fresh, pool, etc.)</li> <li>SCUBA Diving</li> <li>Trauma possible? (Diving into pool)</li> </ul>	<ul style="list-style-type: none"> <li>Airway – Clear vs. Foam vs. water/vomit</li> <li>Spontaneous Breathing</li> <li>AMS</li> <li>Cold/Shivering</li> <li>Motor neuro exam/priapism</li> <li>Bradycardia</li> </ul>	<ul style="list-style-type: none"> <li>Hypothermia</li> <li>Hypoglycemia</li> <li>CNS dysfunction           <ul style="list-style-type: none"> <li>Seizure</li> <li>Head injury</li> <li>Spinal cord injury</li> </ul> </li> </ul>



## Pearls

- Divers Alert Network 24-hour emergency phone number is (919) 684-9111.
- Check for pulselessness for 30-45 seconds to avoid unnecessary chest compressions.
- Defer ACLS medications until patient is warmed. Patients with hypothermia may have good neurologic outcome despite prolonged resuscitation; resuscitative efforts should continue until the patient is rewarmed.
- If V-Fib or pulseless V-Tach is present, shock x1, and defer further shocks due to concerns for hypothermia.
- Extremes of age, malnutrition, alcohol, and other drug use are contributing factors to hypothermia.
- It is important to have baseline blood glucose. If the patient is or becomes altered, check blood glucose and treat accordingly.
- Patients with prolonged hypoglycemia often become hypothermic; blood glucose analysis is essential.
- If a temperature is unable to be measured, treat the patient based on the suspected temperature.
- Warm packs can be placed in the armpit and groin areas. Care should be taken not to place directly on skin.

