

Pediatric Submersion/Drowning

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

History

- Age
- Duration of submersion
- Water temperature
- Type of water (salt, fresh, pool, etc.)
- SCUBA Diving
- Trauma possible? (Diving into pool)

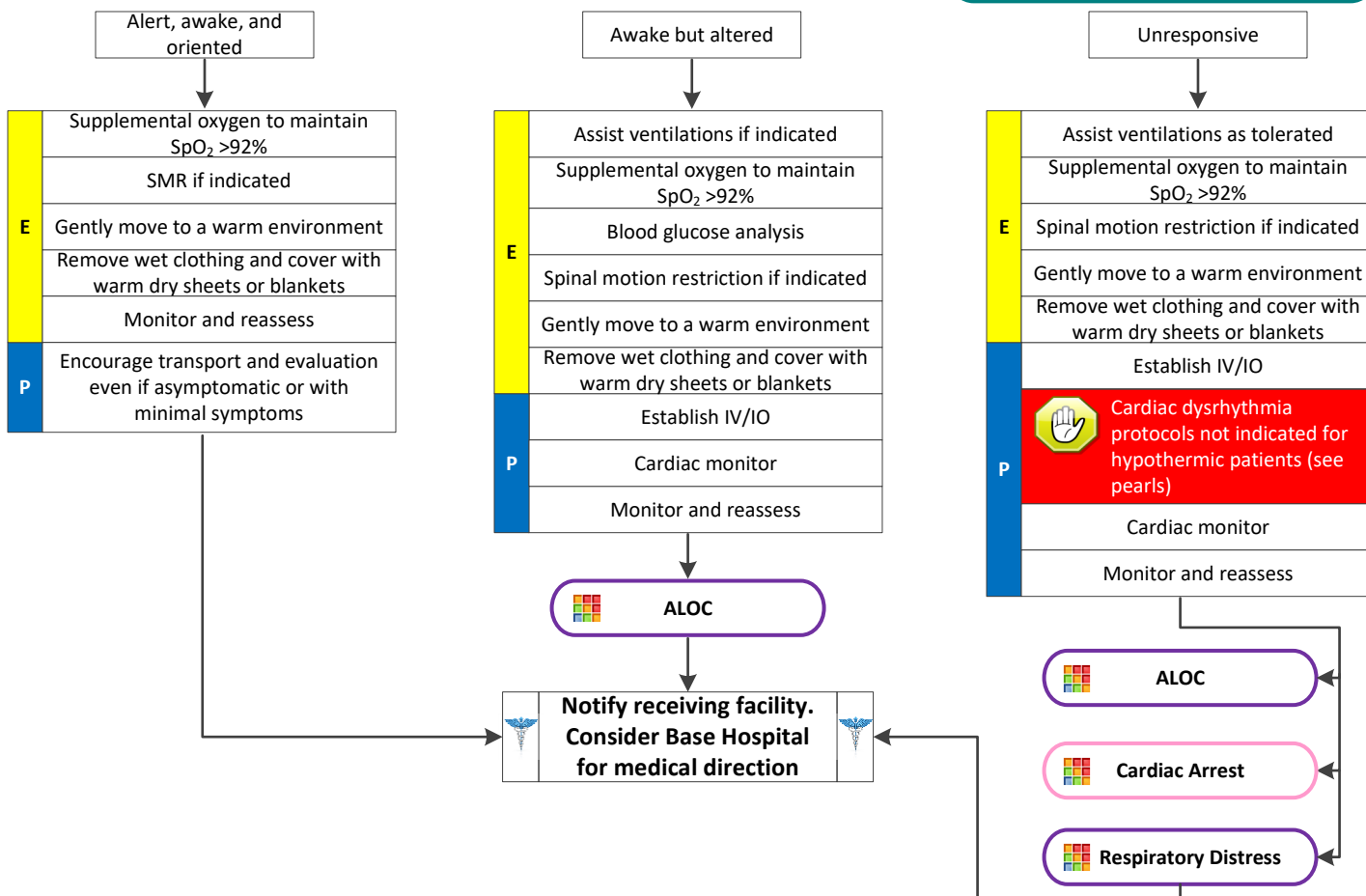
Signs and Symptoms

- Airway – Clear vs. Foam vs. water/vomit
- Spontaneous Breathing
- AMS
- Cold/Shivering
- Motor neuro exam/priapism
- Bradycardia

Differential

- Hypothermia
- Hypoglycemia
- CNS dysfunction
 - Seizure
 - Head injury
 - Spinal cord injury

Emergency Hyperbaric Chambers
John Muir Medical Center – Walnut Creek



Pediatric Respiratory Distress Treatment Protocols

Pearls

- Check for pulselessness for 30-45 seconds to avoid unnecessary chest compressions.
- Defer ACLS medications in hypothermic patients 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.
- Extremes of age, malnutrition, alcohol, and other drug use are contributing factors to hypothermia.
- 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.