

# Cold/Flu Symptoms

For minor respiratory illness in a patient without shortness of breath or wheezing; must have normal respiratory rate and Q sat

### History

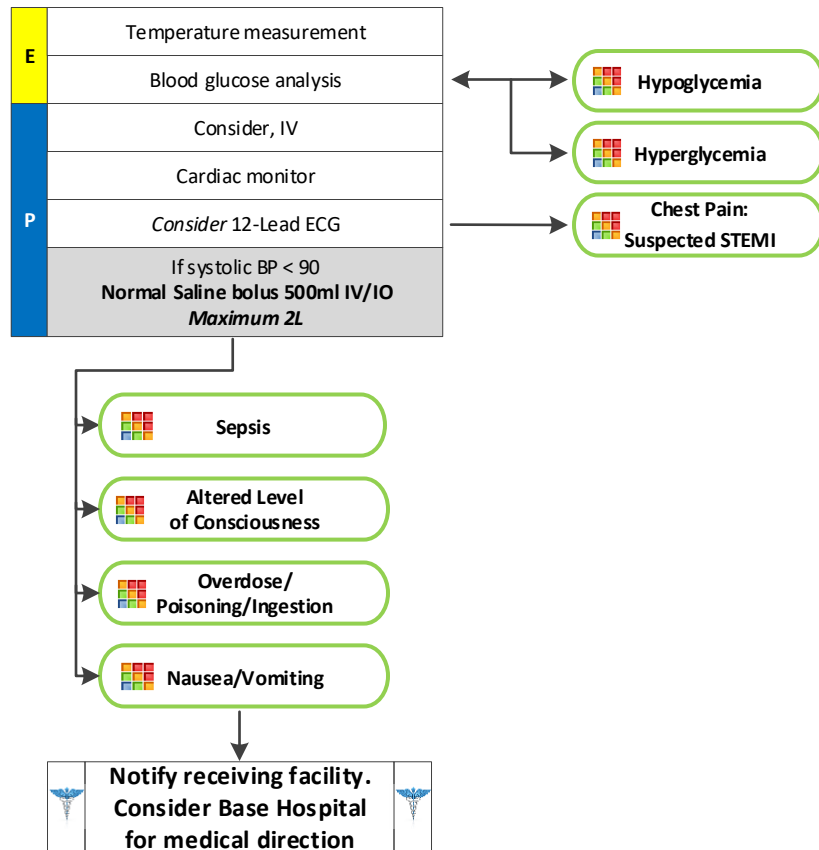
- Recent travel
- Duration of symptoms
- Severity of symptoms
- Current influenza/pneumonia vaccination?
- Past medical history
- Medications
- Immunocompromised (e.g., transplant, HIV, diabetes, cancer)
- Sick contact exposure
- Last acetaminophen or ibuprofen

### Signs and Symptoms

- Warm
  - Flushed
  - Sweaty
  - Chills/rigors
- Associated Symptoms (helpful to localize source)**
- Malaise, cough, chest pain, headache, dysuria, abdominal pain, mental status changes, rash, tachycardia

### Differential

- Infection/sepsis
- Cancer/tumors/lymphomas
- Medication or drug reaction
- Connective tissue disease (e.g., arthritis or vasculitis)
- Carbon monoxide poisoning
- Meningitis



# Submersion/Drowning

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

### History

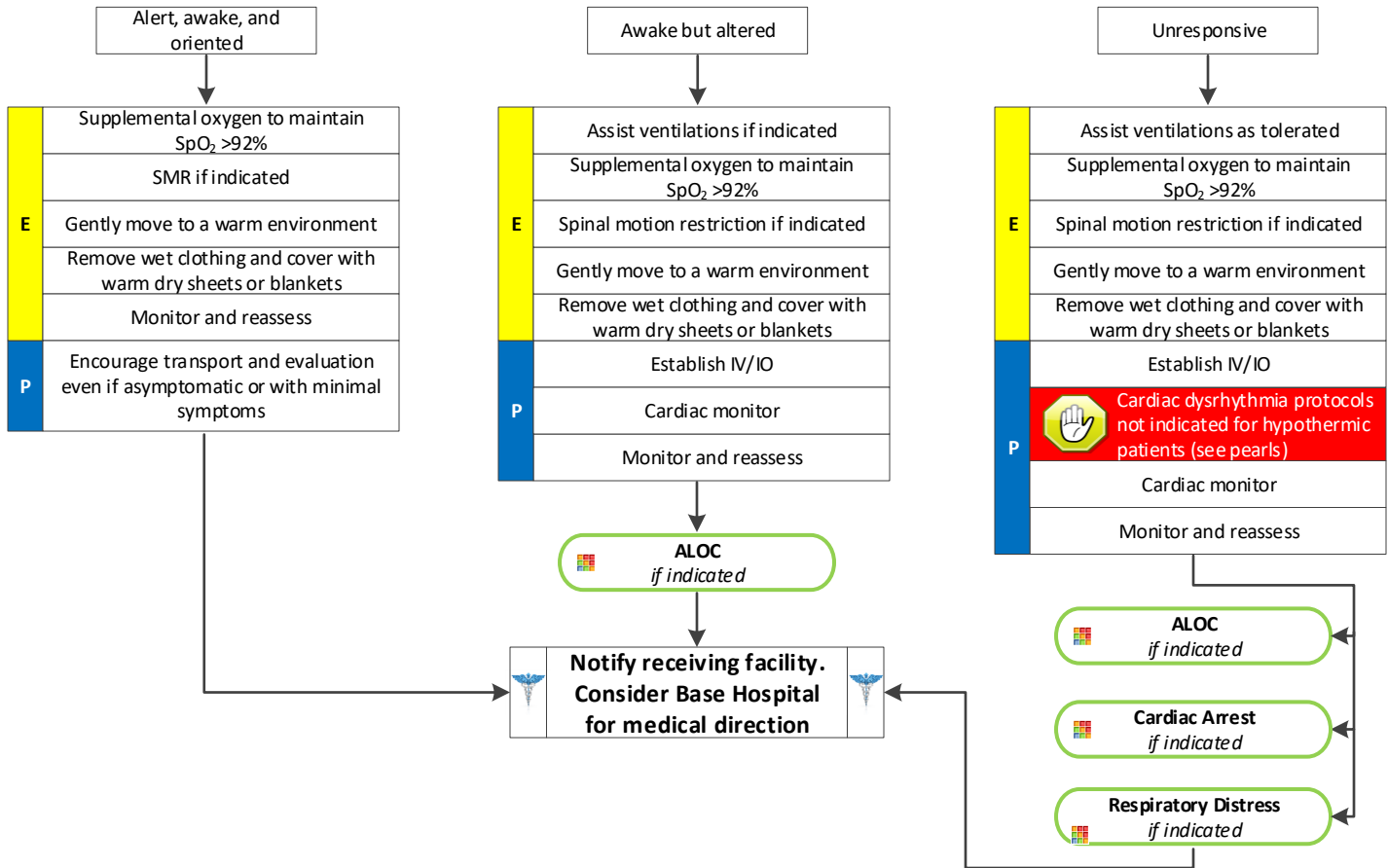
- Age
- Duration of submersion
- Water temperature
- Type of water (salt, fresh, pool, etc.)
- SCUBA Diving
- Trauma possible? (Diving into pool)

### 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



Adult Respiratory Distress Treatment Protocols

### 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.

