

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Pediatric drowning / Near drowning

Overview: When drowning or near drowning occurs in children, it is generally the result of respiratory failure and hypothermia. Assessment and history to identify treatable causes cannot be over emphasized. : Drowning and near drowning patients may have severe, delayed fluid and electrolytes imbalances which may have fatal effect. ALL near drowning patients should be transported to the hospital.

INFORMATION NEEDED

- Patient age
- Medical history (ex. history of respiratory problem, shock, cardiovascular disease, congenital heart defect, blunt chest trauma)
- History of present event (ex. complaints prior to arrest, possibility of choking, allergic reaction, etc.)
- Scene survey completed
- A complete Initial assessment of the patient
- Pertinent focused assessment of the patient
- Description and temperature of fluid in which submerged
- Length of time submerged

OBJECTIVE FINDINGS

- Patient is apneic and pulseless
- Patient is under one year of age
or
- Patient is one year of age or older and no AED available
- Significant mechanisms of injury / nature of illness
- Evidence of head / or neck trauma and other associated injuries
- Neurological status: monitor on a continuous basis.
- Respiratory: rales or signs of pulmonary edema, respiratory distress
- Mental status (AVPU)
- Airway patency (head-tilt chin lift OR modified jaw thrust for unconscious patient or if C-spine trauma is a possibility)
- Ventilatory status (rate and depth of respirations, work of breathing)
- Oxygenation and Circulatory status (pulse oximetry, vital signs).

TREATMENT

- Assess patient and confirm pulselessness
- Start CPR using pediatric standards
- Routine Medical Care
- Consider paramedic intercept
- Assure adequacy of ventilations and compressions
- Obtain quick, resuscitation-oriented patient history
- Ensure adequacy of CPR
- Transport as soon as possible
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA, Combi-tube). Secure the airway.
- Stabilize neck prior to removing patient (if necessary)
- Apply AED if patient in arrest. Follow appropriate defibrillation protocol
- If hypothermic, see Hypothermia protocol.
- If other trauma is suspected refer to appropriate trauma protocol.
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- BLS maneuvers to remove Foreign Body Airway Obstruction if indicated
- Reassess ABC's including patient's color.
- Reassess BLS methods to maintain airway patency and good ventilation.

Documentation of adherence to protocol:

- Time CPR started
- Time AED applied

Medical Control Contact Criteria

- Use of AED on patients under 1 year of age

PRECAUTIONS AND COMMENTS

- On Pediatric patients age 1 to 8 years an AED with Pediatric pads are preferred. If this is not available, adult pads may be used.
- All near drowning or submersions should be transported. Any patient can deteriorate rapidly.
- Ensure trained water rescuers are on scene if necessary
- For in-field termination or declaration of death, refer to "Triple Zero Policy" or "In-field Termination"
- Utilize BLS methods for maintaining airway patency and good ventilations and reassess patient's oxygenation and ventilatory status

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

SMO: Pediatric drowning / Near drowning

Policy: When drowning or near drowning occurs in children, it is generally the result of respiratory failure and hypothermia. Assessment and history to identify treatable causes cannot be over emphasized. Drowning and near drowning patients may have severe, delayed fluid and electrolytes imbalances which may have fatal effect. ALL near drowning patients should be transported to the hospital.

INFORMATION NEEDED

- Patient age
- Medical history (ex. history of respiratory problem, shock, cardiovascular disease, congenital heart defect, blunt chest trauma)
- History of present event (ex. complaints prior to arrest, possibility of choking, allergic reaction, etc.)
- Scene survey completed
- A complete initial assessment of the patient
- Pertinent focused assessment of the patient
- Description and temperature of fluid in which submerged
- Length of time submerged

OBJECTIVE FINDINGS

- Patient is apneic and pulseless
- Patient is under one year of age
- or
- Patient is one year of age or older and no defibrillator available
- Significant mechanisms of injury / nature of illness
- Evidence of head / or neck trauma and other associated injuries
- Neurological status: monitor on a continuous basis.
- Respiratory: rales or signs of pulmonary edema, respiratory distress
- Mental status (AVPU)
- Airway patency (head-tilt chin lift OR modified jaw thrust for unconscious patient or if C-spine trauma is a possibility)
- Ventilatory status (rate and depth of respirations, work of breathing)
- Oxygenation and Circulatory status (pulse oximetry, vital signs).

TREATMENT

- Assess patient and confirm pulselessness
- Start CPR using pediatric standards
- Routine Medical Care
- Consider paramedic intercept
- Assure adequacy of ventilations and compressions
- Cardiac Monitoring—treat per appropriate protocol
- Obtain quick, resuscitation-oriented patient history
- Ensure adequacy of CPR
- Transport as soon as possible
- Assess airway patency utilizing adjuncts as indicated (OPA, NPA).
- Secure the airway. Intubate as necessary
- Stabilize neck prior to removing patient
- If hypothermic, see Hypothermia protocol.
- If other trauma is suspected refer to appropriate trauma protocol.
- 100% oxygen via nasal cannula (2-6 L/min) for awake, oriented, stable patients without evidence of hypoperfusion or high flow via nonrebreather mask (10-15 L/min) if indicated.
- Assist ventilations with BVM and 100% oxygen if indicated.
- BLS / ALS maneuvers to remove Foreign Body Airway Obstruction if indicated
- Reassess ABC's including patient's color.
- Reassess BLS / ALS methods to maintain airway patency and good ventilation.

Documentation of adherence to protocol:

- Time CPR started
- Time defibrillator applied

PRECAUTIONS AND COMMENTS

- On Pediatric patients age 1 to 8 years a defibrillator with Pediatric paddles is used. .
- All near drowning or submersions should be transported. Any patient can deteriorate rapidly.
- Ensure trained water rescuers are on scene if necessary
- For in-field termination or declaration of death, refer to “Triple Zero Policy” or “In-field Termination”
- Utilize BLS / ALS methods for maintaining airway patency and good ventilations and reassess patient's oxygenation and ventilatory status