504

DROWNING

Effective: 6/2026
Next Revision: 6/2029

(Signature On-file)
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DROWNING EVENT - ADULT

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing. If patient is in distress, immediate, rapid transport is preferred with treatment performed en route.*

Basic Life Support

EMT

ROUTINE MEDICAL CARE -

- Assess airway and support ventilation with appropriate airway adjuncts as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- Consider Trauma and Spinal Motion Restriction if indicated
- Consider Hypothermia and Cold Exposures Protocol.
- Consider CPAP if indicated and equipped.

LOSOP

EMT working under Local Optional Scope

AIRWAY – Consider SGA and EtCO2.

GLUCOSE LEVEL ASSESSMENT – Via finger stick and treat per protocol if indicated

Advanced Life Support

Paramedic

AIRWAY -

- Monitor ETCO2 and pulse oximetry
- CPAP as indicated
- Intubate or SGA if indicated

VASCULAR ACCESS – IV/IO

NORMAL SALINE – Bolus 250 mL for SBP < 100. Repeat as indicated. (Consider warmed)

Treat Nausea per NAUSEA protocol Treat Shock per

SHOCK protocol

DROWNING EVENT - PEDIATRIC

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing. If patient is in distress, immediate, rapid transport is preferred with treatment performed en route.*

Basic Life Support

EMT

ROUTINE CARE

- Assess airway and support ventilation with appropriate airway adjuncts as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- Spinal Motion Restriction if indicated

LOSOP

EMT working under Local Optional Scope

GLUCOSE LEVEL ASSESSMENT – Via finger stick and treat per protocol if indicated.

Advanced Life Support

Paramedic

AIRWAY -

- Place SGA if indicated
- Monitor ETCO2 and pulse oximetry

VASCULAR ACCESS – IV/IO

NORMAL SALINE – Bolus 20 mL/kg to achieve age appropriate SBP = **[**70 + (2 x age in Yrs)**]** or for signs/symptoms of hypoperfusion. Repeat as indicated.

Treat Nausea per NAUSEA protocol Treat Shock per

SHOCK protocol