



# **DROWNING/ NEAR DROWNING/ HYPOTHERMIA**

## **Aims**

To describe the management of drowning and near-drowning

## **Policy**

### **1. Drowning (i.e. with cardiac arrest) - irrespective of core temperature.**

- Should be treated as traumatic cardiac arrest i.e. Reversal of possible causes, including use of bilateral thoracostomies, ACD, etc.
- For hypothermic drowning internal cardiac massage will achieve the best outcome via thoractomy. The patient should be triaged to JCUH.

### **2. Treatment of hypothermia associated with drowning/near drowning.**

- Most near drownings/drownings will be associated with some degree of hypothermia.
- Monitoring of core temp by nasal or oral route should take place as early as possible.
- Use of foil blankets shown to be of no benefit, therefore not to be used.
- No special attempt should be made to re-warm in aircraft (e.g. Having heaters fully on) as there is no evidence that any increase in core temp will occur.
- Defibrillation should be considered even at low temperatures although repeated attempts at defibrillation should not be made if the core temperature is below 32°C and the patient has not responded to defibrillation in 3 cycles of ACLS. The patients should be transferred to JCUH for consideration of cardio-pulmonary bypass with good quality CPR on-going.
- Adrenaline should be considered as per ALS guidelines.

### 3. Triage of drowning/near drowning patient

- **Pulse present, core temp > -30°C: Nearest A&E with on-site ITU** (or PICU as appropriate)
- **Pulse present, core temp <30°C:** JCUH for possible cardiopulmonary bypass
- **Pulseless patient with core temp <30°C:** JCUH for possible cardiopulmonary bypass.