



Pre-hospital Care Standard Operating Procedure
Drowning/ Near-Drowning +/- Hypothermia

REVIEW:	June 2008	
APPROVAL/ ADOPTED:	PHC Policy Board	
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Aims:

- To describe the management of drowning and near-drowning

Background:

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Principle Donors:



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 the RLH.

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

- Most drowning/ near drowning 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.
- 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:** Royal London Hospital for possible cardiopulmonary bypass
- **Pulseless patient with core temp <30°C:** Royal London Hospital for possible cardiopulmonary bypass