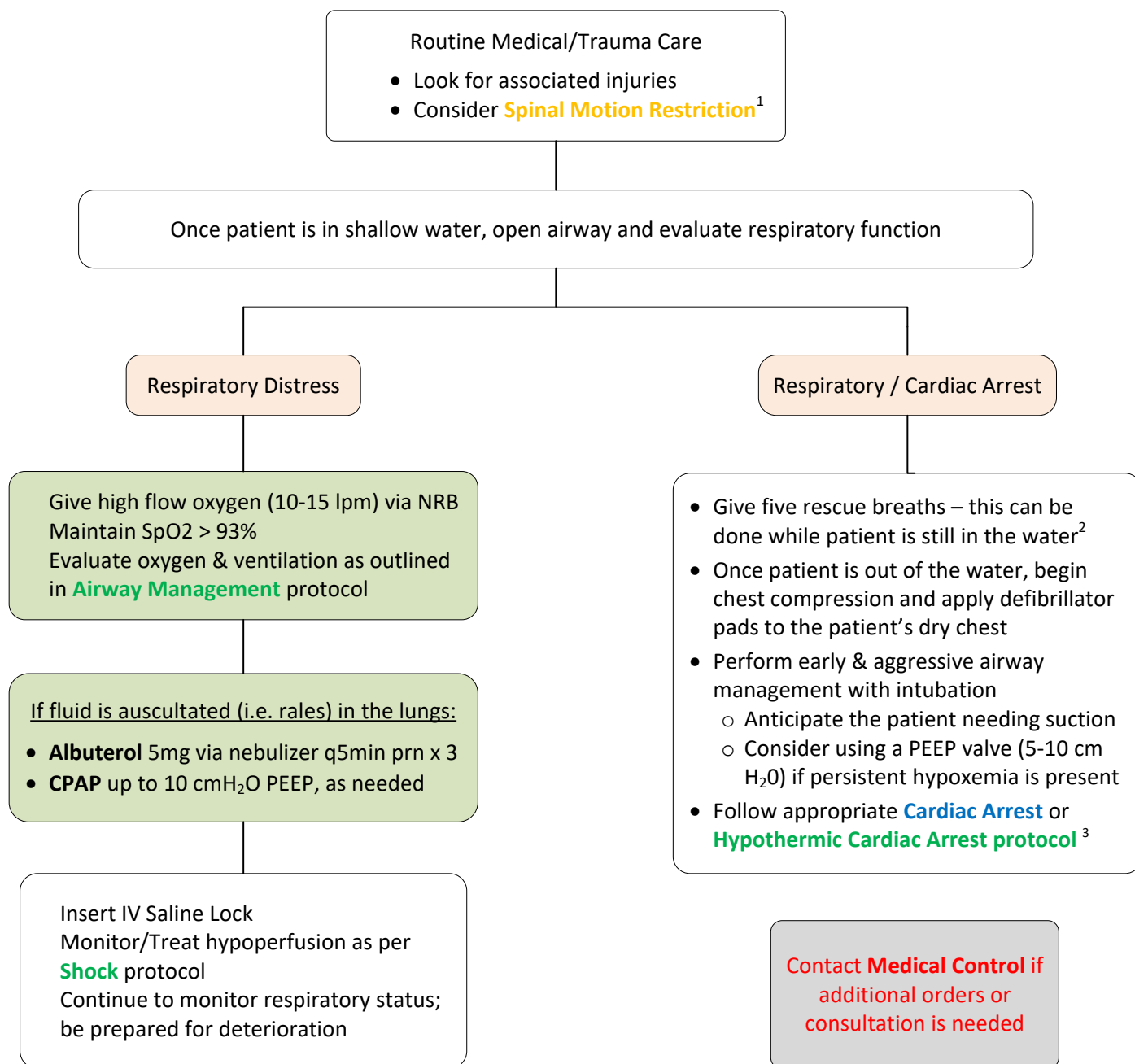


# Drowning

Coordinate rescue efforts between all responding agencies to ensure patient is rapidly accessed and removed from the water. Initiation of in-water ventilations may increase survival. In-water chest compressions are futile.



<sup>1</sup> Unnecessary spinal motion restriction can impede adequate opening of the airway and delay delivery of rescue breaths. Routine spinal motion restriction in the absence of circumstances that suggest a spinal injury is not recommended.

<sup>2</sup> Cardiac arrest from drowning is due primarily to lack of oxygen. It is important that CPR follow the traditional ABC sequence not CAB. Five initial breaths (as opposed to two) are recommended because the initial ventilations can be more difficult to achieve due to water in the airways interferes with effective alveolar expansion.

<sup>3</sup> Paramedics should use sound clinical judgment when deciding if resuscitation efforts should be initiated. If water temperature is < 43°F, survival is possible in patients submerged up to 90 minutes. If water temperature > 43°F (6°C), survival is more likely when patient is submerged < 30 minutes. If there is any doubt or if the events leading to the submersion are unclear (e.g. traumatic injury), it is recommended that resuscitation be initiated and the victim be transported to an ED unless there are obvious signs of death (see **Do Not Attempt to Resuscitate** protocol).