

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

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**PEDIATRIC  
DROWNING/NEAR DROWNING PROTOCOL**

**FIRST RESPONDER**

**I. Management**

- A. Establish and maintain the airway with spinal stabilization, if risk of trauma<sup>1</sup>
- B. Provide oxygenation and support ventilations as needed.
- C. Assess circulation and perfusion by measuring heart rate and observing skin color and temperature, capillary refill time, and the quality of central and peripheral pulses. Blood pressure should be measured in children older than three.
- D. If **PULSE** and **RESPIRATIONS** absent, **Initiate CPR.**
  - 1. If submersion time is greater than one hour, refer to **Management for Dead On Scene Parameter.**
- E. Arrange for ALS intercept if not already accomplished by MedCom.

**BASIC LIFE SUPPORT**

- F. Initiate transport toward ALS intercept, if transporting unit.<sup>2</sup>
- G. Obtain patients temperature. If patient is hypothermic, go to Hypothermia/Frostbite Parameter.<sup>3</sup>

**NOTIFY RECEIVING FACILITY**

**ADVANCED LIFE SUPPORT**

- G. Monitor EKG
- H. **IV/IO NORMAL SALINE @ TKO**

**CONTACT MEDICAL CONTROL**

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- I. Possible orders post-radio contact (pulse absent)
  - 1. Medications or further defibrillation as ordered by Medical Control.
  
- J. Possible orders post-radio contact (pulse present)
  - 1. Medications as ordered.

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<sup>1</sup> Patient suspected of hypothermia should receive gentle handling, as movement may precipitate Ventricular Fibrillation. Maintain horizontal position, if possible.

<sup>2</sup> Prevent further heat loss by transport in a warm environment. Patient should be dry.

<sup>3</sup> Hypothermia patients are divided into three categories:

- a. Mild = 94-97 degrees
- b. Moderate = 86-94 degrees
- c. Severe = < 86 degrees

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Medical Director

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EMS Manager