

3.03 NEAR DROWNING

EMSAC FEBRUARY 2026

General Assessment
<ul style="list-style-type: none"> Obtain history regarding circumstances leading to the submersion, details of mechanism of injury, time underwater Consider medical reasons for drowning (e.g. seizure etc.) Consider c-spine injury or other associated traumatic injuries Consider and treat hypothermia (Protocol 3.06)
BLS Management Treatment
<ul style="list-style-type: none"> Primary survey should include aggressive airway management. Unlike standard cardiac arrest, prompt airway management and supplemental breathing are a priority Monitor O2 saturation. Oxygen as indicated Position of comfort NPO
ALS Management Treatment
<ul style="list-style-type: none"> Advanced airway intervention, as necessary Monitor EtCO2 Consider CPAP for moderate to severe respiratory distress Cardiac monitor IV or IO of Normal Saline TKO.
Comments
<ul style="list-style-type: none"> Rapid transport. Patient can deteriorate rapidly. Description (salt or fresh water) and temperature of submersion fluid. If suspected drowning is witnessed for > 30 minutes AND patient is not suspected to be hypothermic, consider withholding resuscitation efforts (Policy 4050) <p> Duration of submersion. Height of fall/mechanism of injury. Suspicion of alcohol or other drugs/medications involved. Evidence of head/ spinal trauma or other associated injuries. Neurologic status. Respiratory findings: rales or signs of pulmonary edema, respiratory distress. </p>
Contact Base Hospital Criteria
<ul style="list-style-type: none"> To withhold or discontinue cease resuscitation efforts in patients with suspected drowning < 30 minutes, submersion of > 25 minutes or no response to treatment.