

Bayfield-Ashland Counties EMS TOXINS / ENVIRONMENTAL Environmental	EE-3 DIVE (SCUBA) INJURY or ACCIDENT
--	---

SYMPTOMS:

Patient with history of SCUBA diving within 48 hours who are exhibiting potential signs and/or symptoms of dive related illness or injury; experiencing the bends, squeeze, barotrauma (injuries caused by increased water pressure).

- Pulmonary barotrauma
- Arterial gas embolism
- Pneumothorax
- Ear, sinus or dental barotrauma
- Decompression sickness (neurologic symptoms including joint pain, mental status change, paralysis)
- Nitrogen narcosis (confusion, intoxication)

ASSESSMENT and TREATMENT

ALL LEVELS

1. Follow [Universal Care guideline \[U-1\]](#).
2. Manage airway as indicated.
3. Assess for hypothermia; treat per [Hypothermia/Cold Exposure guideline \[EE-7\]](#).
4. If air embolism suspected, place patient in left lateral recumbent position (patient lying with the left side down, knees drawn upward, and flat). Do not elevate the head.

EMR-O; EMT-R

5. Obtain and monitor vital signs, including oxygen saturations and mental status.
 - a. Administer oxygen as appropriate for dyspnea or distress with a target of achieving greater than 93% saturation for most acutely ill patients.
 - b. Place patients with symptoms suggesting decompression illness on supplemental oxygen, regardless of saturation, to enhance washout of inert gasses.
 - c. Use positive pressure ventilation carefully in patients for whom pulmonary barotrauma is a consideration (See [Airway Management guideline \[R-1\]](#)).
6. Consider transporting patients with dive related injury directly to a facility with hyperbaric oxygen capabilities, if feasible. (Hennepin County Medical Center is the nearest hyperbaric capable facility. If needed, strongly consider air medical.)

AEMT-R

7. Establish IV access.
8. Consider administering isotonic IV/IO fluid bolus 20 ml/kg normal saline.

AEMT-O

9. Consider administering lactated Ringer's as appropriate.