



ORANGE COUNTY EMERGENCY MEDICAL SERVICES

BASE HOSPITAL TREATMENT GUIDELINES

DIVING-DEPCOMPRESSION SICKNESS/AIR EMBOLISM (ADULT/ADOLESCENT)

#: BH-E-10

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Date: 09/27/2021

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. If mechanism of history is unclear, err on the side of transport to a Trauma Center
3. Orange County does not have local hyperbaric chambers for management of a dive related illness. The most accessible hyperbaric resource is located on Catalina Island in Los Angeles County (USC Catalina Hyperbaric Chamber). Arrangements for emergency hyperbaric treatment of dive illness should be made by the contacted Base Hospital or receiving ERC by contacting the following:
 - Catalina Chamber 24 hour hotline: (310) 510-1053
 - Los Angeles County EMS Agency Medical Alert Center: (866) 940-4401

Helipad Coordinates for the Catalina Chamber LZ are:

33° 26' 41.171" N

118° 29' 00.841" W

(Use WGC 84 Coordinate System)

Chamber website:

<http://dornsife.usc.edu/hyperbaric/>

ALS STANDING ORDER

1. Spinal motion restriction if diving or shore-break accident.
2. Monitor cardiac rhythm and document with rhythm strip.
3. Position patient in flat, supine position and hyper-oxygenate with:
 - ▶ High flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.
4. If hypotensive or signs of poor perfusion (hypotension, weak pulse, poor skin signs, altered mental status):
 - ▶ Establish IV access
 - ▶ infuse 250 mL Normal Saline, may repeat up to maximum 1 liter to maintain adequate perfusion.
5. For nausea or vomiting:
 - ▶ Ondansetron (Zofran®): ODT 8 mg (two 4 mg tablets) orally to dissolve inside of cheek; OR, 4 mg IV, may repeat 4 mg IV in approximately 3 minutes if symptoms persist.
6. For on-going seizures or recurrent intermittent activity without return of consciousness:
 - ▶ Turn to side, protect airway and suction when necessary.
 - ▶ Midazolam 10 mg IM one time (preferred route). Administer first before starting IV/IO.
 - ▶ Midazolam 5 mg/IV/IN/IO if not able to deliver IM dose or if IV/IO already present, may repeat 5mg IV/IN/IO once for continued or recurrent seizure activity approximately 3 minutes after initial dose.
 - ▶ Contact Base Hospital if seizure continues for 5 minutes after first dose of IM or second dose of IV/IN/IO midazolam (total of 10 mg administered by any route).
7. Contact Base Hospital for ERC destination; in remote areas the Base Hospital may facilitate transport to the Catalina Hyperbaric Chamber from the field.

Approved:

Carl Schultz, MD

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