



DIVING – DECOMPRESSION SICKNESS/AIR EMBOLISM –
ADULT/ADOLESCENT

Revised: 9/27/2021

***** BASE HOSPITAL CONTACT REQUIRED *****

ALS STANDING ORDERS:

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 seizure activity:
 - ▶ *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 5 mg IV/IN/IO once for continued or recurrent seizure activity approximately 3 minutes after initial dose.*
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:

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TREATMENT GUIDELINES:

- Onset of signs and symptoms of air embolism is rapid versus decompression sickness which may be delayed as much as 48 hours.
- For full arrest, treat same as for cardiopulmonary arrest (SO-C-10).

Approved:

Carl Schultz, MD

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