



Notes/Definitions

- Early recognition, high concentration oxygen administration, supportive care, and rapid transport are essential to reduce complications and improve outcomes.

Base Hospital Contact Required

BLS Interventions

- Refer to OCEMS BLS Standing Orders SO-B-001.
- Spinal motion restriction if diving or shore-break accident suspected.
- Administer 100% O2 via mask as soon as possible.
- Prevent and treat hypothermia by removing wet clothing and initiating rewarming when appropriate.
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ALS Interventions

- Cardiac monitoring.
- 12-lead ECG if applicable.
- Establish IV / IO access.
- Consider advanced airway management.
- Treat for hypotension (Systolic BP < 90) or signs of shock:
 - ▶ **Normal Saline bolus 250 ml IV / IO bolus** – may repeat up to 1 liter to maintain adequate perfusion
 - ▶ **Push Dose Epinephrine 1.0 mL (10 mcg) IV / IO** – every 3 minutes, titrate to SBP>90
- Treat for nausea and vomiting if not suspected or known to be pregnant:
 - ▶ **Ondansetron (Zofran) ODT 8 mg** - once
 - ▶ **Ondansetron (Zofran) 4 mg IV** – may repeat once after 3 minutes
- Treat for seizure activity:
 - ▶ **Midazolam 10 mg IM** – once (preferred route)
 - ▶ **Midazolam 5 mg IV / IN / IO** – if unable to deliver IM; may repeat once after 3 minutes

Transport Consideration

- ALS escort to nearest appropriate ERC identified by the **Base Hospital**.
- Transport via helicopter should be done at ≤ 1,000 feet above ground level (AGL) to limit any further gas expansion. In no case should the patient be transported at ≥ 3,000 feet AGL.

Additional Considerations

- Onset of signs and symptoms of air embolism is rapid versus decompression sickness which may be delayed as much as 48 hours.
- Obtain diving history if available:
 - Type of dive
 - Depth
 - Bottom time
 - Number of dives

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ORANGE COUNTY EMERGENCY MEDICAL SERVICES
Prehospital Standing Orders / Treatment Guidelines
DECOMPRESSION SICKNESS / AIR EMBOLISM
(Adult / Adolescent)

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- Surface intervals
- Onset of symptoms

Base Hospital

- If mechanism of history is unclear, err on the side of transport to a Trauma Center.
- In remote areas, the Base Hospital may facilitate transport to the Catalina Hyperbaric Chamber from the field as needed.
 - 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)

Cross References:

- SO-B-001 BLS Standing Orders
- SO-M-035 Respiratory Distress
- SO-M-040 Seizure / Convulsions
- SO-M-045 Shock (Symptomatic Hypotension)
- SO-M-060 Nausea / Vomiting
- PR-030 Endotracheal Intubation (including EtCO₂)
- PR-135 Supraglottic Airway Device Placement – Adult / Adolescent
- PR-230 Preparation and Administration of Push Dose Epinephrine - Adult / Adolescent

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