

# DROWNING-EMERGENCY MANAGEMENT – ADULT

IH Emergency Departments

Weight (kg)

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1. **ALLERGIES:** see #826234 – Allergy and Adverse Reaction Record
2. **CODE STATUS / MOST:** see #829641 - Medical Orders for Scope of Treatment (MOST)
3. **CONSULTS:**  Intensivist  Internal Medicine  Respiratory Therapist  Anesthesia

#### 4. MONITORING

- Point-of-care capillary blood glucose STAT
- Continuous cardiac monitoring
- Continuous end-tidal CO<sub>2</sub> monitoring
- Continuous SpO<sub>2</sub> monitoring
- Rectal or esophageal core temperature (notify MRP if core temperature less than 36.0 degrees Celsius)
- Spinal Motion Restriction if clinically indicated

#### 5. STAT

- Acetaminophen, Salicylate, Osmol, Ethanol
- CBC, Lytes4, Creatinine (incl. GFR), Urea, Glucose Random
- Blood Gases - Arterial
- Blood Gases – Venous
- INR
- Troponin
- Other: \_\_\_\_\_

#### 6. DIAGNOSTICS (URGENT)

- ECG 12 LEAD
- CHEST PORT [RAD]
- CHEST [RAD]
- C-Spine [RAD]
- C-Spine [CT]

#### 7. TREATMENT (Based on Grade Classification – see page 2)

- Do not delay oxygenation to clear foam (it is not toxic to the lungs), unless clearing to visualize for intubation
- Oxygen therapy delivered by most effective mode to maintain oxygen saturation goal greater than 92%
  - High flow nasal oxygen      Settings: \_\_\_\_\_
  - CPAP or BPAP                      Settings: \_\_\_\_\_

#### 8. INTRAVENOUS THERAPY AND HYDRATION

- IV saline lock
- Sodium chloride 0.9% 500 mL bolus IV × 1    **\*\*OR\*\***      \_\_\_\_\_ mL IV × 1
- Sodium chloride 0.9% at \_\_\_\_\_ mL/H
- Ringer's lactate 500 mL bolus IV × 1    **\*\*OR\*\***      \_\_\_\_\_ mL IV × 1
- Ringer's lactate at \_\_\_\_\_ mL/H

Date (dd/mm/yyyy) / /	Time	Prescriber's Signature	Printed Name or College ID#
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Grade	Associated Mortality	Signs and symptoms	Indicated interventions
1	0%	<ul style="list-style-type: none"> <li>• Cough</li> <li>• BP maintained</li> <li>• No coarse crackles on pulmonary auscultation</li> <li>• No foam in the airway</li> </ul>	<ul style="list-style-type: none"> <li>• Rest, warm and calm the victim</li> <li>• External oxygen not indicated</li> </ul>
2	0.6–1.2%	<ul style="list-style-type: none"> <li>• Cough</li> <li>• BP maintained</li> <li>• Rales in some lung fields</li> <li>• Small amount of foam in the airway</li> </ul>	<ul style="list-style-type: none"> <li>• Apply O<sub>2</sub> at 5 L/min (via nasal prongs or face mask)</li> <li>• Obtain CXR and ABG</li> </ul>
3	3.6–5.2%	Acute pulmonary edema <b>without</b> hypotension <ul style="list-style-type: none"> <li>• Cough</li> <li>• BP maintained</li> <li>• Rales in all lung fields</li> <li>• Large amount of foam in the airway</li> </ul>	<ul style="list-style-type: none"> <li>• Apply O<sub>2</sub> at 15 L/min (via face mask)</li> <li>• ABG</li> <li>• Consider Hi Flow Nasal, BiPap or mechanical ventilation with PEEP and FiO<sub>2</sub> 1.0</li> <li>• ICU admission recommended</li> </ul>
4	19.4–22%	Acute pulmonary edema <b>with</b> hypotension <ul style="list-style-type: none"> <li>• Cough</li> <li>• Hypotension</li> <li>• Rales in all lung fields</li> <li>• Large amount of foam in the airway</li> </ul>	<ul style="list-style-type: none"> <li>• Grade 3 treatment</li> <li>• IV crystalloids for maintenance of BP</li> <li>• Consider vasopressors if clinically indicated</li> <li>• ICU admission recommended</li> </ul>
5	31–44%	<ul style="list-style-type: none"> <li>• Isolated respiratory arrest</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate BLS</li> </ul>
6	88–93%	<ul style="list-style-type: none"> <li>• Cardiopulmonary arrest</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate ACLS with focus on effective ventilation and oxygenation</li> </ul>

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**9. MEDICATIONS**

**VASOACTIVE THERAPY**

- Goal MAP greater than or equal to 65 mmHg **\*\*OR\*\***  Goal MAP \_\_\_\_\_ mmHg
- norepinephrine 0 to 20 mcg / min IV infusion (titrated to goal MAP)
- Other: \_\_\_\_\_

**ANALGESICS / ANTIPYRETICS**

- acetaminophen 1,000 mg PO/OG Q6H PRN **\*\*OR\*\*** 650 mg PR Q6H PRN for pain / fever (maximum 4,000 mg acetaminophen from all sources in 24 hours)

**OPIOID REVERSAL AGENTS**

- naloxone 0.4 mg IV/IM Q3MIN PRN for opioid reversal

**ANTINAUSEANTS**

- dimenhydrinate 25 mg to 50 mg PO/IV Q6H PRN for nausea
- ondansetron 4 mg PO/IV Q8H PRN for nausea

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