

SUBJECT: TREATMENT PROTOCOL --

Date: 7/1/2013

DECOMPRESSION ILLNESS/DIVING/ALTITUDE RELATED INCIDENTS

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**BLS**

**ALS**

<ul style="list-style-type: none"><li>• 100% O<sub>2</sub>, and/or ventilate prn</li><li>• O<sub>2</sub> Saturation prn</li><li>• Spinal stabilization when indicated</li></ul>	<ul style="list-style-type: none"><li>• Monitor EKG</li><li>• IV/IO <u>SO</u> adjust prn</li></ul>
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Reference Policy S-415 for Disposition of Diving Victims

Diving Victims: Any victim who has breathed sources of compressed air below the water's surface and presents with the following:

Minor presentation: minimal localized joint pain, mottling of the skin surface, localized swelling with pain; none of which are progressive.

Major presentation: symptoms listed above that are severe and/or rapidly progressing, vertigo, altered LOC, progressive paresthesia, paralysis, severe SOB, blurred vision, crepitus, hematemesis, hemoptysis, pneumothorax, trunk pain, or girdle or band-like burning discomfort.

Disposition of Diving Victims:

**Major presentation:**

All patients with a "major" presentation should be transported to UCSD-Hillcrest

Trauma issues are secondary in the presence of a "Major" presentation

If the airway is unmanageable, divert to the closest BEF

**Minor presentation:**

*Major trauma candidate*: catchment trauma center

*Non-military patients*: routine

*Active Duty Military Personnel*: transport to the Military Duty Recompression Chamber if possible. The Base Hospital will contact the Duty Recompression Chamber at (619) 556-7130 to determine chamber location. Paramedics/Base Hospital shall transfer care to Diving Medical Officer (or designee) upon arrival to chamber. Hyperbaric treatment may begin in accordance with military medical protocols.

Naval Hyperbaric chamber locations:

Naval Station 32<sup>nd</sup> Street and Harbor Drive

Note: If possible, obtain dive computer or records.

Hyperbaric chamber must be capable of recompression to 165 ft.

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Approved:



EMS Medical Director