

KIDS Clinical Guideline:

MANAGEMENT OF DROWNING

DROWNING:

- Respiratory impairment from submersion or immersion in a liquid.
- Avoid terms: Near downing, Wet Drowning, Dry Drowning and Secondary Drowning.

POTENTIAL CAUSES:

- Trauma / fall
- Seizure
- Arrhythmia (including prolonged QT)
- Non-Accidental Injury
- Ethanol / drug intoxication
- Attempted suicide

INITIAL INVESTIGATIONS:

- Arterial blood gas
- FBC, coagulation, renal & liver function tests, electrolytes, creatinine kinase (CK)
- Chest XR; consider CT head & neck
- 12 lead ECG

INITIAL TREATMENT:

If in cardiac arrest proceed with resuscitation as per <u>APLS guidelines</u>

AIRWAY & BREATHING:

- If spontaneously breathing administer oxygen by face mask oxygen target SpO₂ 93-97%.
- Consider early intubation and ventilation, using cuffed ET tube.
- No evidence for the use of surfactant/steroids.
- Consider antibiotics (not indicated routinely).

CIRCULATION:

- Cardiovascular assessment, including CRT and BP.
- Obtain adequate access IV/IO.
- Maintain age appropriate BP with the fluid boluses and early consideration of inotropes.
- Will need to maintain higher mean arterial blood pressure if concerns regarding cerebral injury.

DISABILITY:

- Neuroprotection:-30° head up
 - -pCO2: 4-5 kPa
 - -blood sugar 4 10 mmol/l
 - -paO₂>8 kPa / SpO₂>93%
- Hypertonic (3%) saline if signs of raised ICP
- C-spine protection until cleared
- Check temperature, avoid hyperthermia

Early discussion with the KIDS Team

HYPOTHERMIA: Hypothermic heart may be unresponsive to cardiac drugs and defibrillation.

- Resuscitation drugs and Defibrillation:
 - Core temperature < 30 °C: With-hold drugs. Maximum 3 shocks, if shockable rhythm persist despite 3 shocks, withhold further shocks until the temperature is greater than 30°C.
 - 31 to 35 °C: Double duration between drugs, shock as needed.
 - Greater than 35 °C: Normal cycle of drugs and shocks.
- > Active warming:
 - Warm rapidly up to 32 °C then aim to rewarm at 0.25°C per hour up to 35°C.
 - Warm fluids, radiant heaters/warming blankets, warm ventilator gases.
 - More invasive measures may be required which should be discussed with KIDS.

INDICATORS OF POOR OUTCOME:

- Age < 3 years.
- Immersion time >10 mins.
- Time to basic life support >10 mins.
- Time to first respiratory effort >40 mins (Indicator of good prognosis if <3 mins).
- Persistent GCS of < 5
- Requirement for CPR
- Initial pH <7.00.