

POLICY: 554.65
TITLE: Non-Fatal Drowning

EFFECTIVE: 02/01/2026
REVIEW: 02/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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NON-FATAL DROWNING

- I. AUTHORITY
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
Drowning or near drowning patients may also have significant head, neck, and back injuries. Strongly consider spinal immobilization when a history of jumping or diving into the water exists, or the history is unclear.

**Provider Key: F = First Responder/EMR E = EMT O = EMT Local Optional SOP
P = Paramedic D = Base Hospital Physician Order Required**

	F	E	O	P	D
SPINAL MOTION RESTRICTION: as indicated.	X	X	X	X	
ASSESSMENT	X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	
CAPNOGRAPHY: apply and monitor.				X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
ADVANCED BLS AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	
ADVANCED ALS AIRWAY: if GCS is < 8 and not rapidly improving, consider ETI.				X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.				X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	
CPAP: as indicated.		X	X	X	
PUSH DOSE EPINEPHRINE: for hypotension – titrate to SBP ≥ 90 <ul style="list-style-type: none"> • Mix 1 mL of Epi 1:10,000 (0.1 mg/mL) with 9 mL of NS = concentration of 1:100,000 (0.01 mg/mL) • Label syringe “epinephrine 10 mcg/mL” • 0.5 – 1 mL (5 – 10 mcg) IVP every 1 – 5 minutes If SBP does not stabilize ≥ 90 after two doses, consider epinephrine drip. Refer to 554.88 Rx GUIDELINES				X	