



Diver Down

# Management of dive injuries

Peter I. Dworsky, MPH, NREMT-P

MONOC Emergency Medical Services Corporate Director



#### How dangerous is it?

- > 1 out of every 5,555 of drivers dies in car accidents
- I out of every 7692 pregnant women die from complications
- I out of every 116,666 skydives ended in a fatality in 2000
- I out of every 126,626 marathon runners died of sudden cardiac arrest while running a marathon between 1975–2003
- ▶ 80–100 divers die annually
- 3 million US divers / 6 million world wide

### Top reasons for injuries

- Poor Diver Health
- Procedural Errors
- Environmental Issues
- Equipment Problems



## Pre-dive / Surface

- Sea sickness
- Sprains and strains
- Sun burn
- Blunt trauma
- Near drowning



## Near Drowning

#### ► Cause

- Respiratory interruption due to fluid inhalation
- Mammalian diving reflex
- Signs and symptoms
  - Not breathing
  - Cyanosis ashen grey / blue appearance
  - Weak or absent pulse
- Treatment
  - CPR PRN
  - Recovery position
  - Evacuate to medical attention
    - Even if apparently fully recovered



# Carbon Monoxide Poisoning

#### Cause

 breathing gas contaminated with carbon monoxide



#### Effect

- Carbon Monoxide combines about 200 times more readily with hemoglobin than does oxygen
- Interferes with the blood's ability to transport oxygen
- Acts as a cellular poison

## Carbon Monoxide Poisoning

#### Signs and symptoms

- headache
- pale or greyish appearance
- weakness
- dizziness, nausea
- tunnel vision
- vomiting
- rapid pulse
- rapid breathing
- coma
- convulsions

#### Treatment

Support respiratory effort

High concentration O2

#### Barotrauma

- Result of pressure imbalance in gas-filled spaces in the body
  - Can affect any gas-filled space in the body
- Middle Ear Squeeze
  - Tympanic membrane rupture
    - Nausea / Vomiting
    - Vertigo
    - Panic / rapid ascent

#### Treatment:

- Loose dressing for bleeding ear
- IV anti-emetics or sedatives



## Nitrogen Narcosis

- Altered mental status from breathing compressed nitrogen-containing air at depth
- Signs and symptoms:
  - Euphoria
  - Inappropriate and dangers behavior
  - Tingling of lips, gums, and legs
  - May panic and surface too quickly



- Treatment:
  - Reduce depth
  - Symptoms resolve
  - No long term consequences

# At depth

- Bites
- Stings
- Wounds
- Toxicity
- Hypothermia







# **CNS Toxicity**

#### Symptoms:

- V Vision
- E Ears, hearing disturbances
- N Nausea
- T Twitching
  - Irritability
- D Dizziness
- Until convulsions begin, minor symptoms:
  - Can occur in ANY order or combination
  - Increase in severity

# Hypothermia

- Body temp
- ► S/S
- ► Tx



### **During Ascent**

- Nitrogen bubbles in blood and tissues come out of solution during rapid ascents.
  - Bubbles cause damage by:
    - Interfering mechanically with tissue perfusion
    - Triggering chemical changes in body
    - Can potentially affect every organ in the body



## **Decompression Sickness**

Signs and symptoms

- Denial!
- Itches, rashes
- Numbness, tingling, joint pain
- Vision disturbances
- Dizziness, nausea, headaches, confusion
- Weakness, paralysis
- Shortness of breath
- Shock, unconsciousness
- Any abnormality after a dive
- Can appear hours after surfacing





### **Decompression Sickness**

- Management :
  - Administer 100% oxygen
  - Manage acute problems
  - Transport to hospital even if symptoms appear to resolve
  - Contact DAN
  - Send diving equipment with the patient for analysis if possible



#### Pressure Disorders

- If divers fail to exhale during ascent, pressure in lungs increases.
  - Pneumothorax
  - Subcutaneous emphysema
  - Alveolar hemorrhage
  - Arterial gas embolism (AGE)



- Can occur in depths as shallow as 6'
  - Treatment
    - Treat as a pneumothorax
    - Provide rest and supplemental oxygen

#### Pressure Disorders

- Signs and symptoms depend on where escaping air ends up, causing:
  - Full sensation in throat
  - Pain on swelling
  - Dyspnea
  - Substernal chest pain
  - Crunching noise synchronous with heartbeat audible by auscultation (Hamman's crunch)

## Arterial Gas Embolism

- Air bubbles from ruptured alveoli enter pulmonary capillaries and travel back to left side of heart.
  - Bubbles may enter coronary arteries and produce effects of MI.
  - Majority rise to head, causing strokelike symptoms.



## Arterial Gas Embolism

- Dramatic clinical picture, with symptoms:
  - Involving most cerebral functions
  - Appearing within seconds to minutes after surfacing
  - Weakness or paralysis of extremities
  - Seizure activity
  - Unresponsiveness
  - Paresthesia
  - Visual disturbances
  - Deafness
  - Changes in mental status

## Arterial Gas Embolism

#### Treatment includes:

- Ensure adequate airway.
- Administer 100% supplemental oxygen.
- Transport in supine position by ground.
- Establish IV access, and administer normal saline.
- Monitor cardiac rhythm.
- If medevac, fly lower than 1000 ft or in pressurized aircraft

#### General Assessment: Diving History

- When did symptoms start?
- Type of diving and equipment?
- Type of diving gas?
- Diving site and water temperature?

#### General Assessment: Diving History

- Number of dives in the last 72 hours, and:
  - Depth?
  - Bottom time?
  - Surface interval?
- Dive computer used?
- Safety stops used?
- Any attempts at in-water decompression?
- Any dive complications?
- What were pre-dive and post-dive activities?

#### **Treatment Pearls**

Positive end-expiratory pressure (PEEP)

- Maintains some positive pressure at end of expiratory phase.
- Indicated for intubated patients with long transports
- Some BVMs allow PEEP adapter



#### **Treatment Pearls**

- Do not give up on submersion patient.
  - Successful resuscitation with complete neurologic recover in more than 1 hour of submersion in icy water
    - Hypothermia protects body and brain from hypoxia
    - Hypothermia more often dangerous than protective

#### **Treatment Pearls**

- Post resuscitation complications
  - Occur hours to days after submersion:
    - Adult respiratory distress syndrome
    - Hypoxic brain injury
    - Multi-organ failure
    - Sepsis syndrome

### QUESTIONS ?





#### Peter I. Dworsky Peter.Dworsky@MONOC.org