



## NEAR DROWNING

Case 1:

You receive a Bat Call on your night shift in a tertiary ED. A 14 month old boy is on route by ambulance post apparent near-drowning in family home pool. ETA is 5min

1. Describe your preparation for patient arrival in the ED

The child was found by his mum submerged in a pool after it was realized the boy was missing during a large family BBQ. Time to retrieval from water is probably <5 min. Immediate CPR given at the scene. Found to be in PEA arrest at scene by ambulance crew (HR 40 initially), CPR 5 minutes with ROSC

The mother travelled in the ambulance with her child and appears very distressed in your ED.

Patient is not intubated, with the following OBS:

Sats: 92% on 100%FiO<sub>2</sub>

HR:120

RR: 50

BP 90/45. No inotropes.

Temp: 35 degrees

AVPU: P

Decorticate posturing in response to pain

2. What are the potential complications of the near-drowning episode in this case?
3. Describe your initial management of the child

CXR shows bilateral pulmonary infiltrates

VBG shows moderate metabolic acidosis with PH 7.2, lactate 4

4. Please outline ongoing management of the child including disposition
5. In general, what are the adverse prognostic factors in patients with near drowning?  
Are there any reliable clinical prediction scores?

Case 2:

You are doing a locum in Hobart. You are on night shift in the tertiary ED when triage emergency buzzer is pressed. A 16 yr old adolescent boy has just been driven to the ED by friends after pulling him from ice-cold water at a local Lake 20 minutes prior. The friends appear intoxicated and distressed.

The patient has no signs of life

1. How does your approach to this patient differ from the previous case?

