

POLICY: 555.65
TITLE: Pediatric Drowning

EFFECTIVE: 09/01/2026
REVIEW: 8/2028
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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PEDIATRIC 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, AEMTs, and Paramedics within their scope of practice.

III. PROTOCOL

Definition of drowning: Respiratory impairment from submersion or immersion in a liquid. Duration of submersion is the most important predictor of outcome. Encourage transport of all symptomatic patients due to potential worsening over the next six hours.

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.

Surfactant is fluid from the lungs and is usually “foam-like”. DO NOT waste time with suction attempts. Ventilate through the foam and suction only when excessive water or vomit is present.

Early initiation of effective ventilation and CPR are most critical to improve survivability and neurologic outcomes. Hypoxia is the primary reversible cause of morbidity and mortality.

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

	F	E	O	A	P	D
SPINAL MOTION RESTRICTION: as indicated.	X	X	X	X	X	
ASSESSMENT: Obtain accurate time of drowning if able.	X	X	X	X	X	
ALS ASSESSMENT: required for persistent signs or symptoms of cough, abnormal lung sounds, altered mental status, hypoxia, hypotension, or dyspnea.				X	X	
Apnea or Cardiac Arrest: 5 initial rescue breaths prior to compressions. PEEP valve with BVM when available. Trained rescuers may initiate in-water resuscitation with rescue breaths during extrication/rescue if safe and effective. Do not delay rapid extrication.		X	X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	X	

SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.					X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
VASCULAR ACCESS: P-IV/IO, AEMT- IV only, rate as indicated.				X	X	
CPAP: as indication.		X	X	X	X	
PUSH DOSE EPINEPHRINE: To treat hypotension. • Draw up patient 0.01 mg/kg code dose 1:10,000 (0.1 mg/mL) epi • In same syringe, draw the necessary quantity of NS to total 10 mL • Label the syringe with “epi” and the calculated concentration in mcg/mL • Give 1 mL (1 mcg/kg) every 1 – 2 minutes and titrate to age appropriate SBP					X	

CONSIDER:

555.62 Hypothermia-Frostbite

555.82 Trauma and Traumatic Shock

Pediatric Normal Vital Signs

Age	HR	RR	BP	Temp (C)	Temp (F)
Premie	120-170	40-70	55-75/35-45	36-38	96.8-100.4
0-3 months	100-160	35-60	65-85/45-55	36-38	96.8-100.4
3-6 months	90-120	30-45	70-90/50-65	36-38	96.8-100.4
6-12 months	80-120	25-40	80-100/55-65	36-38	96.8-100.4
1-3 years	70-110	20-30	90-105/55-70	36-38	96.8-100.4
3-6 years	65-110	20-25	90-110/60-75	36-38	96.8-100.4
6-12 years	65-100	14-22	90-120/60-75	36-38	96.8-100.4
12+	55-100	12-20	100-135/65-85	36-38	96.8-100.4