CMG 25 – DIVING EMERGENCIES

(Revised: September 2015)



Decompression illness may occur anytime within 24 hours of a dive.

Decompression illness encompasses two disease processes:

- Decompression sickness (DCS or "the bends") as a result of rapid pressure reduction (i.e. rapid ascent from depth),
 the nitrogen that had been dissolved in the tissues forms bubbles that are then caught in the tissues or bloodstream.
- Arterial gas embolism (AGE) air trapped within the alveoli (usually as a result of breath-holding during ascent) expands, causing pulmonary barotrauma, rupturing capillary walls and allowing gas bubbles to enter the arterial circulation. Bubbles become trapped in small arteries (significantly in the brain) and interrupt circulation.

| S۱ | ymptoms | of decom | pression | illness | include: |
|----|---------|----------|------------|---------|----------|
| | , | or accom | P1 C331011 | | mera ac. |

NEUROLOGICAL

- motor/sensory deficit
- paralysis
- confusion
- seizure
- unconsciousness

RESPIRATORY

- dyspnoea
- pneumothorax / subcutaneous emphysema
- haemoptysis
- APO
- cyanosis

CARDIAC

- chest pain
- cardiac arrest

OTHER

- pain in the joints
- pruritis (blotchy rash)
- itchiness
- tremors
- lymphoedema

DCS and AGE symptoms can be clinically indistinguishable from one another, but prehospital management is identical.

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CMG 25 (cont) – DIVING EMERGENCIES



| ICP | If in cardiac arrest – treat as per CMG 4 | AP |
|-----|--|----|
| ICP | Posture supine – do not sit patient up (if unconscious – posture left lateral) | АР |
| ICP | Oxygen therapy – highest concentration practicable (continue throughout contact time, regardless of apparent clinical improvement) | АР |
| ICP | Check/monitor for pneumothorax (occasionally a barotrauma related pneumothorax can tension – be prepared to decompress) | АР |
| ICP | Patients are always dehydrated – rehydrate promptly as per CMG 14 | AP |
| ICP | Treat hypothermia as per CMG 11 | AP |
| ICP | Ascertain (and document) dive profile | AP |
| | (depth and duration of dive/s, number and sequence of dives, breathing mixtures, decompression stops and any uncontrolled ascent) | |
| ICP | Remember to check dive partner | AP |
| ICP | Monitor (and document) symptom progression | AP |
| ICP | Analgesia as per CMG 2 | AP |