DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **DECOMPRESSION EMERGENCIES/ PATIENT DESTINATION**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 518

PURPOSE: To provide a procedure for transporting patients with potential decompression emergencies to the most appropriate and accessible medical facility.

POLICY:

I. Responsibilities of the Provider Agency:

A. Contact assigned base hospital for any patient suspected of having a decompression emergency.

B. Obtain dive incident history of the patient and dive partner, if possible.

This includes:

1. Maximum dive depth
2. Time spent at depth
3. Rate of ascent
4. Number of dives
5. Surface interval
6. Gas(ses) used

C. Coordinate patient transportation to the appropriate receiving facility.

NOTE: Transportation of patients with potential decompression emergencies may involve the United States Coast Guard (USCG) helicopter which does not include paramedic level staffing. In some circumstances, the USCG helicopter may be able to accommodate a Los Angeles County paramedic to accompany the patient to the receiving facility. If this is not possible and rapid transport is in the best interest of the patient, care may be transferred from the paramedics handling the call to the USCG medical personnel.

D. Retrieve patient's dive equipment (e.g., dive computer, regulator, tank, buoyancy compensator, gauges and weight belt) and transport with patient. If the transporting unit cannot accommodate the equipment, the provider agency shall take custody of it and notify the receiving facility of the dive equipment location.

NOTE: As a general rule, the integrity of the dive equipment should be maintained and not tampered with except by investigating authorities.

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II. Responsibilities of the Base Hospital Physician or Mobile Intensive Care Nurse (MICN):

A. Contact the Medical Alert Center (MAC) by dialing the general number (866) 940-4401; select Option 1 for emergency or consultation. The MAC will arrange a call between the hyperbaric chamber physician on call and the base hospital. If the hyperbaric physician has not responded within 10 minutes, the base hospital should re-contact the Medical Alert Center.

B. Provide medical orders for patient care.

C. In consultation with the hyperbaric chamber physician on call (arranged through the MAC), determine if the patient should be transported directly from the incident location to a hyperbaric chamber or to the most accessible receiving facility (MAR). The following guidelines should be considered for any patient with a history of recent underwater compressed gas use:

1. Transport to a MAC-listed hyperbaric chamber (Immediate)

   a. Unconscious, or
   b. Apneic, or
   c. Pulseless
   d. Premature ascent with reported failure to complete any required underwater decompression stop(s) (omitted decompression) with or without symptoms

2. Transport to a MAC-listed hyperbaric chamber and/or the MAR after consultation with the hyperbaric chamber physician (Emergent)

   a. Any neurological symptoms, or
   b. Severe dyspnea, or
   c. Chest discomfort

3. Transport to the MAR with potential secondary transfer to a hyperbaric chamber after consultation with the hyperbaric chamber physician (Non-Emergent)

   a. Delayed symptoms after flying, or
   b. Delayed minor symptoms after 24 hours

NOTE: Patient destination for patients with decompression emergencies shall be determined by the hyperbaric chamber physician on call.

III. Responsibilities of the Medical Alert Center

A. Contact the hyperbaric chamber physician on call at LAC+USC Medical Center and arrange communication between the physician and the base hospital directing the call. If there has been no response from the LAC+USC hyperbaric physician within 10 minutes, the MAC will call the next hyperbaric physician on the list.

B. Following consultation with the hyperbaric physician on call, determine which hyperbaric chamber is most appropriate to the needs of the patient. Factors to be considered include distance; altitude; weather; ETA of available transportation; the limitations of various aircraft and the condition of the patient.

C. Inform the appropriate receiving facility of the patient's condition and ETA.

D. Coordinate the hyperbaric chamber personnel's transportation to the chamber.

E. Coordinate secondary transfers from the receiving facility as needed.

CROSS REFERENCES:

Prehospital Care Manual:
Ref. No. 502, **Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 516, **Return of Spontaneous Circulation (ROSC) Patient Destination**
Ref. No. 808, **Base Hospital Contact and Transport Criteria**
Ref. No. 814, **Determination/Pronouncement of Death in the Field**