



Question 1.

If your resuscitation efforts remain unsuccessful how long do you continue CPR?

CPR alone can be effective in resuscitating a drowning victim. Severe hypothermia is not a concern even with the cold water because of the relatively short submersion time. Most wilderness CPR protocols call for stopping CPR after 20-30 minutes of pulselessness. If the victim's pulse has not returned within that time period, he is dead.

Question 2.

If your resuscitation efforts are successful but he remains pain responsive and shivering with bruising and tenderness on his lower right ribs, slightly elevated pulse and respirations, and wet lung sounds, what are his problems, his anticipated problems, your field treatment and your evacuation level?

If resuscitation is successful (his pulse and respirations spontaneously return) but the he remains voice responsive, pain responsive (as in this case) or unresponsive you must assume he has increased ICP and a possible spine injury. Wet lung sounds indicate developing pulmonary edema. Shivering indicates a drop in core temperature, likely a cold response or mild hypothermia; not enough time has passed for the patient's core temperature to drop below 90° F. Slightly increased pulse and respirations may be due to the fluid in his lungs and/or internal bleeding. Your field treatment includes removing his wet clothing, a hypothermia package, and a Level 1 Evacuation. Transport him on his side with his spine supported by soft padding; be prepared for vomiting.

Question 3:

If your resuscitation efforts are successful and your patient becomes awake and alert with no memory of the event, bruising and tenderness on his lower right ribs (he can take a deep breath without pain and he appears to be breathing easily), and passes your focused spine assessment (reliable with no spine pain, no spine tenderness, normal sensory & motor exams), what are his problems, his anticipated problems, your field treatment and your evacuation level?

If resuscitation is successful and your patient awakens but has no memory of the event you must assume he has a moderate concussion; if his S/Sx worsen, he has a severe concussion (see the chart on the next page). Since he is reliable and passes the focused spine assessment, you may rule out a possible spine injury. The tenderness and bruising to his lower right ribs appear to be insignificant because he is able to take a deep breath without pain and is breathing easily. None-the-less, underlying traumatic injuries are possible and his pulse and respirations should be monitored. Because water may have entered his lungs while he was submerged and unresponsive (drowning), he

may develop pulmonary edema over the next 4-6 hours. Begin a Level 2 Evacuation and upgrade the evacuation to Level 1 if he develops wet lungs sounds (rales) or his pulse and respiratory rates increase.

Physical	Cognitive	Emotional	Sleep
Headache	Feeling mentally "foggy"	Irritable	Drowsy
Nausea	Feeling slow	Sad	Trouble falling asleep
Balance problems	Difficulty concentrating	Sensitive	Sleeping more than usual
Dizziness	Difficulty remembering	Nervous	Sleeping less than usual
Visual problems	Forgetful		
Fatigue	Confused		
Light sensitivity	Answers questions slowly		
Noise sensitivity	Repeats questions		
Numbness/tingling			
Dazed/stunned			