Any child who has/had respiratory impairment (including but not limited to) difficulty breathing, sustained/prolonged cough, grunting or color change in association with a submersion event.

EXCLUSION
- Altered Consciousness
- Hemodynamically Unstable

INCLUSION

MONITORING
- Cardiac & Respiratory Monitoring
- Continuous Pulse Ox Monitoring

CONTINUE TO MONITOR
- Cardiac Monitoring
- Monitor O2 Saturations
- Monitor Respiratory Status

Has It Been 6 Hours Since the Event?

YES
- Provide Water Safety Teaching Sheet and Discharge Home

NO
- Transfer To ED For Monitoring Of Respiratory Status For 6 Hours Post-Submersion Event

Evidence Indicates That For a Child With a Normal Respiratory Exam, a Routine Chest X-Ray Is NOT Indicated

If At Any Time There Is Deterioration In Respiratory Exam Or Need For Oxygen

YES
- Provide Respiratory Support As Needed To Maintain Sats ≥94% And Transfer Or Direct Admit To Hospital As Appropriate

NO
- Obtain Chest X-Ray

ABNORMAL RESPIRATORY EXAM
- Rales/Crackles On Auscultation In Some Or All Fields
- Hypoxia With Pulse Ox <94% On RA AND/OR
- Signs/symptoms Respiratory Distress

TRANSFER CRITERIA
- Abnormal Respiratory Exam, Abnormal Chest X-Ray &/Or Need For Additional Monitoring
  - If CHOA Transport Available:
    - Contact Transfer Center For Possible Direct Admission
  - If CHOA Transport NOT Available:
    - Transfer To ED

DISCHARGE CRITERIA
- Normal Respiratory Exam
  - O2 Sats ≥94% On RA
  - Patient/Family Water Safety Education Complete: Krames "Nonfatal Drowning (Submersion Injury)" Teaching Sheet

Key Goals
DECREASE:
- Use of Antibiotics
- # of Chest X-rays

Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2020 Children's Healthcare of Atlanta, Inc.