

General Notes

O₂ should be 100% by demand mask when possible.

Fluid replacement is urgent.

Watch the bladder.

Contact the nearest hyperbaric facility early.

This brochure has been prepared by
Dr. G.D. Harpur
of the Tobermory Hyperbaric Facility

FOR USE BY EMERGENCY MEDICAL
PERSONNEL
treating a patient with a
SCUBA-related injury.

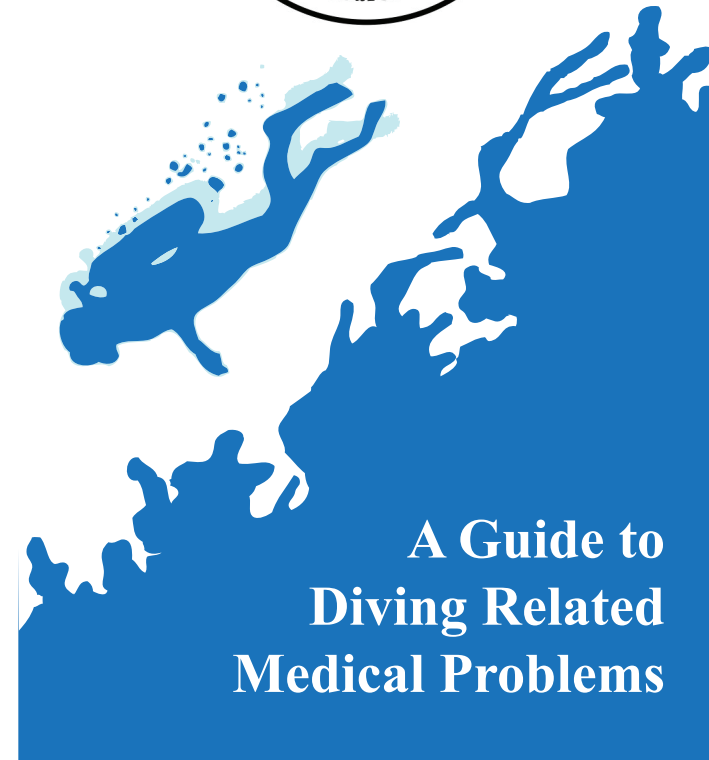
Barotrauma Consultation CANADA

- West Coast:** **Vancouver General Hospital and Health Science Centre Hyperbaric Unit**
Emergency 24/7 (604) 875-5000
- Prairies:** **Covenant Health Hyperbaric Unit**
Edmonton, AB
(780) 735-2627
HBOT Clinics
Calgary, AB
Emergency 24/7 (403) 509-4742
Canadian Forces School of Survival and Aeromedical Training
Winnipeg, MB
(204) 833-2500
- Central:** **Firefighter Hyperbaric Chamber**
Hamilton Health Services Group
Hamilton, ON
Emergency 24/7 1-800-668-4357
Ottawa Hospital Hyperbaric Unit
Ottawa, ON
Emergency 24/7 (613) 737-8966
Toronto General Hospital
Toronto, ON
Emergency 24/7 (416) 340-4132
Tobermory Hyperbaric Facility
Tobermory, ON
(519)-596-2306
- Quebec:** **Hôtel Dieu de Lévis
Hyperbaric Department**
Emergency 24/7
1-888-835-7121
- East Coast:** **Queen Elizabeth II Health Sciences Centre
Victoria General Hospital**
Halifax, NS
Emergency 24/7 (902)-473-7998
Centre for Offshore and Remote Medicine (MEDICOR)
**Faculty of Medicine Memorial University
of Newfoundland**
St. John's, NFLD
Emergency 24/7 (709)-777-6300

USA &
Worldwide
DAN

Divers Alert Network
(919)-684-9111

DIVERS ARE DIFFERENT



A Guide to
Diving Related
Medical Problems

COMMON DIVER COMPLAINTS AND CONDITIONS

COMPLAINT	SIGNS	PROBABLE DIAGNOSIS	THREAT TO LIFE	INITIAL Rx	PREVENTION
Painful ears during descent ± hearing decrease	Injected drum	Barotrauma (Squeeze)	None	Analgesic and Time	Improve clearing technique
Painful ears during ascent ± hearing decrease	Injected drum, often blood in middle ear	Barotrauma (Reverse Squeeze)	None	Analgesic and Time	Improve clearing technique
Blood from ear, popping noise, bubbles from ear ± nausea and difficulty clearing	Perforated Tympanic Membrane	Barotrauma	Possible Infection	Follow Until Healed	Improve clearing technique
Sinus pattern headache during or following dive ± nosebleed	Tender over-affected sinus ± epistaxis	Sinus Barotrauma Direct or Reverse	Possible Infection	Analgesic and Follow	Avoid diving when congested
Toothache	Positive tap test on affected tooth	Air under Filling	None	Analgesic and Time	Dental Repair
Difficulty with Eyes	Injection of conjunctiva ± facial swelling	Mask Squeeze	None	None	Training

CONTACT THE HYPERBARIC UNIT FOR THE FOLLOWING CONDITIONS

COMPLAINT	SIGNS	PROBABLE DIAGNOSIS	THREAT TO LIFE	INITIAL Rx	PREVENTION
Persistently dizzy	Nystagmus ± hearing loss	Decompression Sickness, Endolymph fistula	Hearing Loss	ENT Consult Rest	Training
Chest Pain Dyspnea	Subcutaneous Emphysema Pneumothorax	Pulmonary Barotrauma ± Embolism	Grave	100% Oxygen by mask Fluids/support	Training
Stroke-like symptoms ± convulsions	Neurology consistent with CVA Altered consciousness	Cerebral Air Embolism (worst consequence of arterial gas embolism AGE)	Grave	ABC's Recompression is urgent	Training
Dull toothache-like pains in limbs, especial shoulders Paresthesia Bizarre rash Cough and chokes C.V. Collapse	Pain in joints eases with compression Aggravated by use Patchy neurological findings with cough Patient may be in shock or cyanotic	Decompression Sickness	Grave Minor Degrees May get worse	ABC's Oxygen/Fluid Recompression	Training