

Know the Facts About Drowning for Adequate Prevention

July 22 2010



(PhysOrg.com) -- Most of us have seen depictions of drowning on TV -- there's splashing, yelling and a lifeguard running to the rescue. But emergency medicine professionals caution that's not how it happens in real life.

"Recognizing drowning is probably harder than people think it is," says Jordan Bonomo, MD, assistant professor of emergency medicine, neurosurgery and neurocritical care at University of Cincinnati (UC). "Generally, there's no splashing going on. There isn't flailing or screaming—it's usually the person's head bobbing up and down under the surface. You're looking for someone one moment and then they're gone."

The [Centers for Disease Control and Prevention](#) estimates there were 3,443 fatal unintentional drownings in the United States in 2007, an average of almost 10 deaths per day. In addition, almost 500 people died in boating-related incidents.

But even if the person is pulled from the [water](#) and survives 24 hours, Bonomo says there can be serious side effects from what are called "near-drownings."

Complicated near-drownings involve resuscitation efforts at the scene, he says. Survival rate depends on the length of immersion, the temperature of the water and the person's physiological status beforehand—meaning that a younger, healthier person is generally going to do better.

"A key factor in near-drowning survival is the effectiveness of bystander CPR and the time it takes to re-establish [oxygen delivery](#)," says Bonomo.

He says it's also a myth that someone can receive CPR, cough water out of their lungs and be perfectly fine: "Anyone requiring resuscitation after a near-drowning should receive emergency medical care. It takes a while to clear the water out of the lungs, to re-establish adequate circulation and perfusion to get your brain functioning again."

Wendy Pomerantz, MD, UC associate professor of clinical pediatrics, says she sees many near-drownings in her role as emergency department physician at Cincinnati Children's Hospital Medical Center.

She says the ultimate recommendation is to keep an eye on children around any kind of water: pools, bathtubs, even a bucket of water or a toilet. Caregivers should stay an arm's length away to provide "touch supervision."

While there's some evidence that swimming lessons are protective against drowning, Pomerantz says it's not a guarantee: "Someone may know how to swim, but if they fall in with their clothes on, they can panic and go under."

For home pools, she recommends four-sided fencing at least four feet high around all sides of the pool as the best preventative measure.

"The fence should have a self-latching gate and a lock where small children can't reach," she says. "You should have a life ring to throw to anyone in the pool and definitely should know CPR."

For more tips from Dr. Pomerantz and Cincinnati Children's on [drowning](#) protection, [click here](#).

Provided by University of Cincinnati

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