Aug 19, 2020

**UH DCB Findings and Recommendations from Recent Incident with Suspected DCI.**

Aloha UH Divers,

In July, the UH Diving Control Board met and reviewed recent diving incident reports. In one case, a UH diver completed two unremarkable research dives. While at home 3-4 hours post-dive, the diver experienced symptoms including a skin rash and migraine-style headache. The diver called the DAN Diving Medicine Advice Line, was told the symptoms were consistent with possible decompression sickness and was advised to go to an emergency room (ER) to be evaluated. The diver self-transported to the ER associated with the diver’s HMO, where the diver was evaluated, provided oxygen and IV fluids. No effort was made by the ER staff to communicate with either DAN or the UH Hyperbaric Treatment Center (HTC). Symptoms resolved; however, the diver was left with no more thorough evaluation whether recompression should have been considered to address the possibility of less-obvious neurologic injury, and no means to move forward for evaluation for a return to diving. The diver has fortunately since been evaluated for underlying risk factors and any remaining injury, and has been cleared to return to diving. From this incident, the DCB has made the following observations and findings, which it believes need to be shared with all UH divers:

- **Symptoms of DCI (lung overpressure injuries, AGE, or DCS), may present as classic joint pain, numbness, tingling, muscle weakness, or paralysis, but can also include subtle presentations** such as fatigue, headache, skin rash (especially patchy mottling on the torso), dizziness. These may present quickly, or after several hours post-dive. Indications which seem milder or are later in onset must be considered just as seriously as those which are “classic” or occurring promptly.
- A diver experiencing symptoms after a dive under UH auspices must immediately notify their Lead Diver and/or supervisor and seek appropriate medical treatment for diving injuries consistent with their training.
- The diver or the **Lead Diver/Supervisor must also promptly notify the UH Diving Safety Officer** or their Unit Diving Coordinator. Any diver may contact the DSO at any time if a diving injury is suspected.
- **UH HTC should be contacted directly to inform them of a possible DCI event and obtain advice on treatment options**, is always advised and welcome. HTC staffs an emergency contact line 24/7/365 for this purpose. Do not hesitate to call, and identify yourself as a UH research diver.
- **Prompt evaluation at an appropriate medical facility (usually an emergency room) is required for any symptoms of DCI**, prior to arriving at HTC. This ensures that HTC is receiving patients who are sufficiently stable for recompression, and a proper pre-treatment medical evaluation has occurred.
- **It is imperative that the diver or their spokesperson insist that ER medical providers consult with HTC on treatment options and the possible need for recompression.** At present time, physicians with training and experience in diving medicine are fairly rare in Hawaii, and many emergency rooms do not regularly have staff with expertise in diving medicine. Without such a consult timely hyperbaric evaluation and treatment might be delayed, and expert follow-up care may be more difficult to arrange.
- **Unless the diver is experiencing an immediately life-threatening condition, UH divers on Oahu should ensure transport of suspected DCI is directly to the ER at Kuakini Hospital. This will facilitate the smoothest provision of care.** Administrative and logistical matters may delay transfer of a diver requiring recompression to HTC from distant ER’s.