



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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FALLS CHURCH, VA 22042

IN REPLY REFER TO
BUMEDINST 6320.38C
BUMED-M95
12 Aug 2016

BUMED INSTRUCTION 6320.38C

From: Chief, Bureau of Medicine and Surgery

Subj: HYPERBARIC OXYGEN TREATMENT IN NAVY RECOMPRESSION CHAMBERS

Ref: (a) NAVSEA SS521-AG-PRO-010, U.S. Navy Diving Manual Revision 6
(b) Undersea and Hyperbaric Medical Society. Hyperbaric Oxygen Therapy Indications, 13th edition; Best Publishing Company 2014
(c) NAVMEDCOMINST 6320.3B
(d) BUMEDINST 6010.30

1. Purpose. To set forth policy and guidance for the clinical use of Navy recompression chambers (RCC) for the primary or adjunctive treatment of certain non-diving related diseases and conditions for persons determined to be eligible for care. Policy and guidance for treatment of diving disorders requiring recompression therapy are provided by reference (a), which is located at: http://www.supsalv.org/00c3_publications.asp.

2. Cancellation. BUMEDINST 6320.38B.

3. Scope. This instruction applies to all Navy and Marine Corps activities, ashore and afloat, and to all ships and stations having Navy Medicine personnel.

4. Background

a. Most existing Navy RCCs are assigned to either operational or research commands. The employment of these chambers is dictated by their respective commanding officers and is in support of those organizations' missions.

b. RCCs are non-standard treatment facilities, in that they are staffed primarily with diving personnel, with limited medical support. The mission of Navy RCCs is to treat emergent conditions, caused by changes in barometric pressure, encountered in both the diving and aviation occupational settings. The treatment protocols found in reference (a) have been developed recognizing that minimal medical and ancillary support will be available and patients are otherwise healthy active duty personnel. Although Navy RCCs are well-suited to treat conditions identified in reference (a), they are not considered the equivalent of clinical hyperbaric chambers, as specified by the Joint Commission; therefore, only Navy Undersea Medical Officers (UMO), based on their training and privileging, are authorized to oversee the provision of hyperbaric oxygen (HBO2) therapy in Navy RCCs.

c. The recognized clinical indications for HBO₂ therapy are identified in reference (b) and are currently listed online at: <https://www.uhms.org/resources/hbo-indications.html>. As of the date of this instruction, there are 14 clinical indications for HBO₂ therapy:

- (1) Air or Gas Embolism
- (2) Carbon Monoxide Poisoning
- (3) Clostridial Myositis or Myonecrosis (Gas Gangrene)
- (4) Crush injury, Compartment Syndrome, or other Acute Traumatic Ischemia
- (5) Decompression Sickness
- (6) Arterial Insufficiencies (including Central Retinal Artery Occlusion)
- (7) Severe Anemia
- (8) Intracranial Abscess
- (9) Necrotizing Soft Tissue Infections
- (10) Osteomyelitis (Refractory)
- (11) Delayed Radiation Injury (Soft Tissue or Bony Necrosis)
- (12) Compromised Grafts and Flaps
- (13) Acute Thermal Burn Injury
- (14) Idiopathic Sudden Sensorineural Hearing Loss

d. In considering whether clinical HBO₂ therapy is appropriate for a particular patient, the responsible UMO must weigh the potential advantages of HBO₂ against the risks of patient transport and hyperbaric complications occurring in a non-clinical recompression chamber, where certain treatment modalities are not readily available.

5. Action. If the responsible UMO determines that the use of clinical HBO₂ treatment is appropriate, the following actions will be taken:

a. The UMO must first certify to the commanding officer or his/her designated representative, that:

(1) The patient is eligible for care. (In general, Navy RCCs are not intended for use in providing non-emergent, clinical HBO2 therapy for civilian non-beneficiaries. Reference (c) provides guidance on the process for obtaining approval to provide care for non-beneficiaries.)

(2) The proposed treatment is consistent with currently accepted clinical practices per standards established by the Undersea and Hyperbaric Medical Society (see paragraph 4.c. and reference (b)).

(3) The RCC is medically ready to receive the patient, and the patient's condition is sufficiently stable to be safely managed in a non-clinical RCC. It is of paramount importance that the responsible UMO assess each patient for suitability for care in an operational RCC with limited functional support (no ventilators, no Intensive Care nurses), and triage accordingly.

(4) A privileged and credentialed (per reference (d)) UMO is in attendance, and experienced diving personnel are available to operate the chamber, for *the entire course of treatment*. For long-duration treatment plans, coordination with other local area UMOs may be required. For the purposes of this instruction, "in attendance" indicates an expectation that the attending UMO will be physically present at the RCC for the duration of the treatment. It is acceptable for the UMO to be absent from the chamber *for brief breaks only* as long as he/she is always within 5 minutes response time if recalled by the chamber team.

b. The commanding officer has final authority to approve use of the command RCC for clinical HBO2 therapy, ensuring the proposed treatment does not significantly interfere with existing command commitments or place excessive demands upon watch standers.

c. Once RCC use is authorized by the command, the UMO may, without further medical consultation with BUMED or others, initiate treatment for the following non-diving related time-critical conditions: carbon monoxide poisoning; non-diving related, acute gas embolism; clostridial myonecrosis; acute necrotizing soft tissue infection; and central retinal artery occlusion. Head, Undersea Medicine and Radiation Health (BUMED-M95) must be notified on a non-emergent basis within 24 hours after treatment is initiated in these circumstances.

d. Commands with RCCs that have a memorandum of understanding with local military or civilian hospitals for the administration of clinical hyperbaric treatments do not require commanding officer pre-authorization on a case-by-case basis, unless otherwise specified by the commanding officer.

e. For treatment of other non-diving related indications for HBO2, recognized per reference (b), the responsible UMO must obtain permission from BUMED-M95 by providing a case summary with assessment, diagnosis, proposed HBO2 treatment plan, confirmation of local command approval for use of the RCC, concurrence of referring physician with the plan to treat with HBO2, criteria for discontinuation of treatment, and UMO coverage, prior to initiating care. If a Navy Hyperbaric Medicine fellowship-trained and currently privileged UMO is locally

available for consultation on the HBO2 treatment, approval to commence therapy may be obtained from the Fellow without prior approval by BUMED-M95. BUMED-M95 must be notified on a non-emergent basis within 48 hours after treatment is initiated.

f. Informed consent regarding the potential risks of HBO2 therapy must be obtained from the patient or the patient's legal representative prior to commencement of any treatment and documented on an OF-522 Request for Administration of Anesthesia and for Performance of Operations and Other Procedures.

g. The UMO must document all treatments in the patient's health record on a Standard Form 600 Chronological Record of Medical Care, and, if accessible, in the Armed Forces Health Longitudinal Technology Application (or equivalent next-generation enterprise-wide electronic health record). The UMO will also verify that each treatment is recorded in the recompression chamber operator's log. If the patient is not a Department of Defense beneficiary or receives their primary care outside of the Military Health System, every effort should be made to forward a copy of the clinical record to the patient's primary care manager for inclusion in their civilian health record. A copy may also be provided to the patient as requested.

h. HBO2 therapy for conditions not recognized in reference (b) and paragraph 4.c. above requires approval by BUMED-M95 on a case-by-case basis before starting such treatment.

6. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

7. Review and Effective Date. Per OPNAVINST 5215.17A, the Bureau of Medicine and Surgery will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and statutory authority using OPNAV 5215/40, Review of Instruction. This instruction will automatically expire 5 years after the effective date unless reissued or canceled prior to 5-year anniversary date, or an extension has been granted.

8. Forms and Reports

a. OF-522 Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, is available for download from the U.S. General Services Administration Forms Library Web site: <http://www.gsa.gov/portal/forms/type/OP>.

b. SF 600 Medical Record – Chronological Record of Medical Care, is available for download from the U.S. General Services Administration Forms Library Web site: <http://www.gsa.gov/portal/forms/type/SF>.


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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site at: <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>