DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH VA 22042

IN REPLY REFER TO
BUMEDINST 6320.38D
BUMED-N3
28 Mar 2023

BUMEDINST 6320.38D

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 7 Change A
(b) Undersea and Hyperbaric Medical Society Hyperbaric Oxygen Therapy Indications, 14th edition; Best Publishing Company 2019 (NOTAL)
(c) BUMEDINST 6010.30

1. Purpose. To establish policy and guidance for the clinical use of Navy recompression chambers (RCC) for the treatment of certain non-diving related diseases and conditions. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6320.38C.

3. Scope and Applicability. This instruction applies to all budget submitting office 18 commands, units, personnel, and operational activities having medical personnel under the authority, direction, and control of Chief, Bureau of Medicine and Surgery (BUMED).

4. Background

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

b. The purpose of Navy RCCs is to treat emergent conditions caused by changes in barometric pressure encountered in both diving and aviation occupational settings. Reference (a) designates Navy Undersea Medical Officers (UMO) to oversee the provision of hyperbaric oxygen (HBO2) therapy in Navy RCCs and provides treatment protocols recognizing minimal medical and ancillary support will be available.

c. Reference (b) identifies the recognized clinical indications for HBO2 therapy, and is, available online for purchase should further investigation be necessary. 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. Reference (c) requires that UMOs are privileged and credentialed. When considering patients for clinical HBO2 therapy, the responsible UMO must weigh the potential advantages of HBO2 against patient transport risks 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 actions listed in subparagraphs 5a(1) through 5a(4) will be taken:

a. The UMO must first certify to the commanding officer or their designated representative that:

(1) The patient is eligible for care. Navy RCCs are not intended for use in providing non-emergent, clinical HBO2 therapy for civilian non-beneficiaries. Care of non-beneficiaries during emergencies should be undertaken according to both local operational and medical commander's guidance and relevant instruction.

(2) The proposed treatment is consistent with currently accepted clinical practices per standards established by the Undersea and Hyperbaric Medical Society (see subparagraph 4c. 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 the RCC's non-clinical environment. It is of vital importance that the responsible UMO assess each patient for suitability for care in an operational RCC with limited support (e.g., no ventilators, no intensive care nurses), and triage accordingly.

(4) A privileged and credentialed UMO meeting the criteria set forth in reference (c) is in attendance, and experienced diving personnel are available to operate the chamber for the entire course of treatment. Long-duration treatment plans may require coordination with other local area UMOs. 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 as long as the UMO 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 the command authorizes RCC use, the UMO may, without further medical consultation, 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-N35), 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 their commanding officer.

e. When using HBO2 therapy for treating other non-diving related conditions as recognized per reference (b), the responsible UMO must obtain permission from BUMED-N35 by providing: a case summary (with assessment, diagnosis, and 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-N35. BUMED-N35 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 electronic health record or, when access to the electronic health record is not available, the provider must document care on a SF 600 Chronological Record of Medical Care, and ensure it is uploaded to the patient's electronic health record when it becomes available. 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 treatment record, following the Health Insurance Portability and Accountability Act of 1996 guidelines, to the patient's primary care manager. Additionally, a copy may also be provided to the patient upon request.

h. HBO2 therapy for conditions not recognized in reference (b) requires approval by BUMED-N35 on a case-by-case basis before starting treatment.

6. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division portal page at https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the Department of the Navy Directorate for Administration, Logistics, and Operations, Directives and Records Management Division program office.

7. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N3 will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

8. Forms

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: https://www.gsa.gov/reference/forms#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, https://www.med.navy.mil/Directives/