

**Davis Hyperbaric Laboratory, Brooks AFB, TX**

**POST HYPERBARIC TREATMENT INSTRUCTIONS  
FOR DECOMPRESSION SICKNESS PATIENTS**

- 1) **No physical activity for 72 hours.** Rest, take it easy, and do nothing.
- 2) **No alcohol intake for 72 hours.** Your tolerance is decreased, and it could mask the signs and symptoms of DCS.
- 3) **No flying, diving, or altitude exposure for 72 hours.** This includes any aircraft, mountain pass, or chamber.
- 4) **Stay well hydrated.** Drinking 8 - 12 oz of water and fruit juices per hour will help.
- 5) **Delayed ear pain is possible.** This occurs because excess oxygen trapped in your middle ear is later reabsorbed, leaving a partial vacuum. Do a valsalva (pinch your nose and blow) to pop your ears before going to bed and again in the morning and in-between if necessary. Be careful that you do not over-pressurize your ears.
- 6) **You will probably be very tired tonight.** The treatment you have just been through places a significant stress on your body, and post-treatment fatigue is common. You may even notice yourself to be a bit tired and on edge the next day. Again, this is not unusual. If your original symptoms recur, however, call the doctor and check.
- 7) **Stay in the local San Antonio metro area** (within 1 hour drive) **for no less than 24 hrs.**
- 8) **If you are on flying/diving/research subject/special operations status,** you **MUST** visit your Flight Surgeons Office the next duty day! Have him/her contact us for a summary of care.

**If you experience a recurrence of your symptom(s), call at once:**

Ask for the HYPERBARIC DOCTOR ON CALL

Duty hrs:                   **Com: 210-536-3281**  
                                  **DSN: 240-3281**  
After duty hrs:         **Com: 210 536-3278 (LEO-FAST)**  
                                  **DSN: 240-3278**

Out of the local area: Go to the nearest medical facility and present this paper. Tell them you were treated for decompression sickness and think you may have a recurrence.

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You received a TREATMENT TABLE \_\_\_\_\_ (With \_\_\_\_\_ tailing treatments)

Treatment Ended:             Date: \_\_\_\_\_; Time \_\_\_\_\_AM / PM

Return for Re-Check at Brooks: Date: \_\_\_\_\_; Time \_\_\_\_\_AM / PM / Not Required