

# Syncope



## History

- \* Cardiac history, stroke, seizure
- \* Occult blood loss (GI, ectopic)
- \* Females: LMP, vaginal bleeding
- \* Fluid loss: nausea, vomiting, diarrhea
- \* Past medical history
- \* Medications

## Signs and Symptoms

- \* Loss of consciousness with recovery
- \* Lightheadedness, dizziness
- \* Palpitations, slow or rapid pulse
- \* Pulse irregularity
- \* Decreased blood pressure

## Differential

- \* Vasovagal
- \* Orthostatic hypotension
- \* Cardiac syncope
- \* Micturition / Defecation syncope
- \* Psychiatric
- \* Stroke
- \* Hypoglycemia
- \* Seizure
- \* Shock (see Shock Protocol)
- \* Toxicological (Alcohol)
- \* Medication effect (hypertension)
- \* PE
- \* AAA

	Age Appropriate Airway Protocol(s) AR 1, 2, 3, 5, 6 <b>if indicated</b>
	Blood Glucose Analysis Procedure ASP 4
<b>B</b>	12 Lead ECG Procedure CSP 1
	IV / IO Access Protocol UP 6
<b>P</b>	Cardiac Monitor
	Altered Mental Status Protocol UP 4 <b>if indicated</b>
	Age Appropriate Cardiac Protocol(s) <b>if indicated</b>
	Age Appropriate Hypotension / Shock Protocol AM 5 / PM 3 <b>if indicated</b>
	Multiple Trauma Protocol TB 6 Spinal Motion Restriction Procedure / Protocol TB 8 <b>if indicated</b>

Serious Signs / Symptoms  
Hypotension, poor  
perfusion, shock

YES →

NO



**Notify Destination or  
Contact Medical Control**



	IV / IO Procedure Consider 2 Large Bore sites
<b>A</b>	<b>Normal Saline 500 mL Bolus</b> Repeat as needed Titrate SPB $\geq 90$ mmHg <b>Maximum 2 L</b> <b>Peds: 20 mL/kg IV / IO</b> Repeat as needed Titrate to Age Appropriate SBP $\geq 70 + (2 \times \text{Age})$ <b>Maximum 60 mL/kg</b>

Exit to  
Age Appropriate  
Condition Appropriate  
Protocol(s)

# Syncope



**\*\* Refer to Length-Based Medication Tape for Medication Doses IF pediatric patients weight is unknown \*\***

## Pearls

- \* **Recommended Exam: Mental Status, Skin, HEENT, Heart, Lungs, Abdomen, Back, Extremities, Neuro**
- \* **Syncope is both loss of consciousness and loss of postural tone. Symptoms preceding the event are important in determining etiology.**
- \* **Syncope often is due to a benign process but can be an indication of serious underlying disease in both the adult and pediatric patient.**
- \* **Often patients with syncope are found normal on EMS evaluation. In general patients experiencing syncope require cardiac monitoring and emergency department evaluation.**
- \* **Differential should remain wide and include:**

<b>Cardiac arrhythmia</b>	<b>Neurological problem</b>	<b>Choking</b>	<b>Pulmonary embolism</b>
<b>Hemorrhage</b>	<b>Stroke</b>	<b>Respiratory</b>	<b>Hypo or Hyperglycemia</b>
<b>GI Hemorrhage</b>	<b>Seizure</b>	<b>Sepsis</b>	
- \* **High-risk patients:**

<b>Age <math>\geq 60</math></b>	<b>Syncope with exertion</b>
<b>History of CHF</b>	<b>Syncope with chest pain</b>
<b>Abnormal ECG</b>	<b>Syncope with dyspnea</b>
- \* **Age specific blood pressure 0 – 28 days  $> 60$  mmHg, 1 month - 1 year  $> 70$  mmHg, 1 - 10 years  $> 70 + (2 \times \text{age})$  mmHg and 11 years and older  $> 90$  mmHg.**
- \* **Abdominal / back pain in women of childbearing age should be treated as pregnancy related until proven otherwise.**
- \* **The diagnosis of abdominal aneurysm should be considered with abdominal pain, with or without back and / or lower extremity pain or diminished pulses, especially in patients over 50 and / or patients with shock/ poor perfusion. Notify receiving facility early with suspected abdominal aneurysm.**
- \* **Consider cardiac etiology in patients  $> 50$ , diabetics and / or women especially with upper abdominal complaints.**
- \* **Heart Rate: Tachycardia is one of the first clinical signs of dehydration, typically increases as dehydration becomes more severe.**
- \* **Syncope with no preceding symptoms or event may be associated with arrhythmia.**
- \* **Assess for signs and symptoms of trauma if associated or questionable fall with syncope.**
- \* **Consider dysrhythmias, GI bleed, ectopic pregnancy, and seizure as possible causes of syncope.**
- \* **These patients should be transported. Patients who experience syncope associated with headache, neck pain, chest pain, abdominal pain, back pain, dyspnea, or dyspnea on exertion need prompt medical evaluation.**
- \* **More than 25% of geriatric syncope is cardiac dysrhythmia based.**