# **Syncope**



## **History**

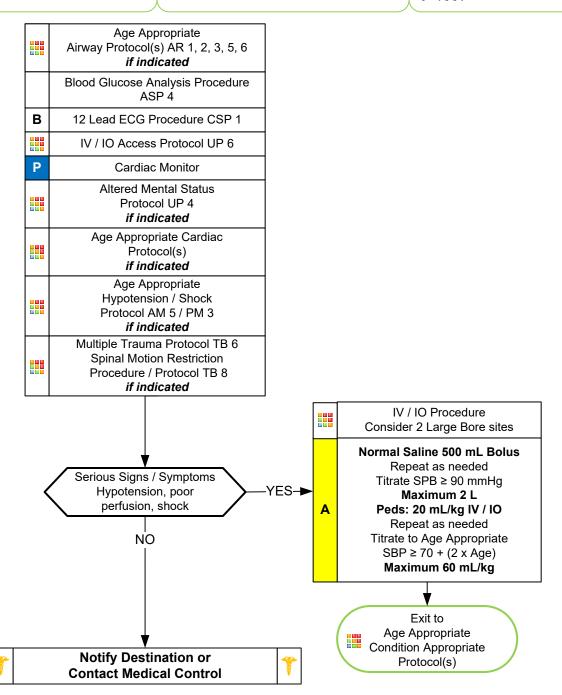
- \* Cardiac history, stroke, seizure
- \* Occult blood loss (GI, ectopic)
- \* Females: LMP, vaginal bleeding
- Fluid loss: nausea, vomiting, diarrhea
- Past medical history
- \* Medications

# **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



# **Universal Protocol Section**

# 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:

Cardiac arrhythmia Neurological problem Choking Pulmonary embolism Hemorrhage Stroke Respiratory Hypo or Hyperglycemia

GI Hemorrhage Seizure Sepsis

\* High-risk patients:

Age ≥ 60Syncope with exertionHistory of CHFSyncope with chest painAbnormal ECGSyncope with dyspnea

- \* Age specific blood pressure 0 28 days > 60 mmHg, 1 month 1 year > 70 mmHg, 1 10 years > 70 + (2 x 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.