Treatment Protocol: SYNCOPE / NEAR SYNCOPE

Ref. No. 1233

- 1. Assess airway and initiate basic and/or advanced airway maneuvers prn (MCG 1302)
- 2. Administer **Oxygen** prn (MCG 1302)
- 3. Establish vascular access prn (MCG 1375)
- 4. For symptomatic orthostasis, signs of dehydration or fluid losses, or for poor perfusion (MCG 1355): 1 2

Normal Saline 1L IV rapid infusion

Reassess after each 250mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops

For persistent poor perfusion, treat in conjunction with TP 1207, Shock/Hypotension

- 5. Initiate cardiac monitoring (MCG 1308) Perform 12-Lead ECG and assess cardiac rhythm for patients >35 years of age and/or for those for which cardiac ischemia or dysrhythmia is suspected If cardiac dysrhythmia is present, treat per TP 1212, Cardiac Dysrhythmia - Bradycardia or TP 1213, Cardiac Dysrhythmia - Tachycardia If STEMI on 12-Lead ECG, treat per TP 1211, Cardiac Chest Pain
- 6. Assess for signs of trauma **3** If traumatic injury suspected, treat in conjunction with *TP 1244, Traumatic Injury*
- 7. For persistent ALOC, treat in conjunction with *TP 1229, ALOC*

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SPECIAL CONSIDERATIONS

- Patients who are lightheaded and/or tachycardic when sitting and/or standing compared to lying down, referred to as orthostatic, are likely dehydrated and in need for fluid resuscitation. Orthostatic vitals provide little information and may result in harm so should not be performed. Syncope can result from a lack of adequate perfusion to the brain, and in the setting of suspected dehydration or fluid losses, this can be a sign of poor perfusion. Therefore, for patients who present with syncope with orthostasis and/or dehydration, fluid resuscitation is appropriate unless contraindicated. Use caution in patients with history of congestive heart failure or renal insufficiency.
- ② In a female with syncope, ask about possible pregnancy and any history of vaginal bleeding. One cause of syncope in females is a ruptured ectopic pregnancy. This can be life threatening and may present with poor perfusion and require fluid resuscitation with **Normal Saline**. Alert Base if patient known to be pregnant.
- Elderly patients should be evaluated carefully for traumatic injuries resulting from ground level falls. Common injuries include blunt head trauma and extremity fractures.

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