

SYNCOPE / NEAR SYNCOPE

3-5 kg	6-7 kg	8-9 kg	10-11 kg	12-14 kg	15-18 kg	19-23 kg	24-29 kg	30-36 kg
6-11 lbs	13-15 lbs	18-20 lbs	22-24 lbs	26-31 lbs	33-40 lbs	42-51 lbs	53-64 lbs	66-81 lbs
18-24 in	24-26 in	26-29 in	29-33 in	33-38 in	38-43 in	43-48 in	48-52 in	52-57 in

UNIVERSAL PATIENT CARE PROTOCOL

Consider SPINAL MOTION RESTRICTION

AIRWAY PROTOCOL

DIAGNOSTIC EKG PROCEDURE

 1ST Contact to EKG and Transmission < 10 Min

OXYGEN / PULSE OXIMETRY PROCEDURE

CAPNOGRAPHY PROCEDURE

BLOOD GLUCOSE PROCEDURE

IV PROCEDURE

Identify Treatable Causes - Treat Per Specific Protocol

Take cardiac monitor to patient's side.
Apply cardiac monitor ASAP once on scene.
Maintain monitoring throughout transport including into hospital bed.

Seizure – Treat per Seizure Protocol

Hypoxia – Treat per Airway / Breathing Protocols

Anaphylaxis / Allergic Reaction

Sepsis – Treat per Septic Shock Protocol

Hypotension – Treat per Specific Shock Protocols

Arrhythmia – Treat per Correct Arrhythmia Protocol

Psychiatric – Treat per Behavioral Emergencies

Hypo / Hyperglycemia – Treat per Diabetic Protocol

Hypo / Hyperthermia – Treat per Specific Protocol

Stroke CVA / TIA – Treat per Stroke Protocol

Overdose – Treat per Toxic Ingestion Protocol

Head Trauma – Treat per Head Trauma Protocol

TRANSPORT to appropriate facility CONTACT receiving facility CONSULT Medical Control where indicated APPROPRIATE transfer of care

EMT Intervention

AEMT Intervention

PARAMEDIC Intervention

MED CONTROL Consult

SYNCOPE / NEAR SYNCOPE

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Onset, duration, event recall, Cardiac (arrhythmias, MI, stents, CHF, myocarditis, long QT) Stroke / TIA Blood loss (internal, external, GI, rectal) Volume loss (sweating, vomiting, diarrhea, urination) Medications (compliance, new, changes, dose, types) Electrolyte imbalances Pregnancy or possibility (last menstrual period) Recent activity, event(s) preceding Seizure Fever 	<ul style="list-style-type: none"> Loss of consciousness / near loss of consciousness Dizziness / lightheadedness Palpitations Bradycardia / tachycardia Irregular pulse Hypo / hyperglycemia Hypotension Nausea, vomiting, diarrhea Pale Neuro deficits S1Q3T3 EKG pattern Brugada Syndrome EKG patterns 	<ul style="list-style-type: none"> Vasovagal (BM, urination, coughing, GI stimulation) Cardiac (arrhythmia, MI, valve disorders) Drug / medication induced Orthostatic Hypotension Pulmonary embolism Hypoglycemia Electrolyte imbalance Dehydration Hypovolemia Stroke / TIA Anaphylaxis Seizure Autonomic failure (MS, Parkinson's, DM, age, spinal cord injuries) Cardiac tamponade Aortic dissection Toxicological

Syncope or Near Syncope in patients of ANY AGE indicates a temporary lack of perfusion to the brain. EMS should have a high index of suspicion and encourage transport for complete assessment despite patient return to baseline. Risk for future complications or death is high in many patients based on cause. Syncope may have many causes, evaluate the patient completely and diligently.

Brugada EKG Pattern (High Risk Cardiac Death)	Type I	Type II	Type III
J wave amplitude	>= 2mm	>= 2mm	>= 2mm
T wave	Negative	Positive or biphasic	Positive
ST-T configuration	Coved type	Saddleback	Saddleback
ST segment (terminal portion)	Gradually descending	Elevated >= 1mm	Elevated

S1Q3T3 EKG Pattern (High Risk for PE)	
Lead I	Large S Wave Present
Lead III	Q Wave Present
Lead III	T Wave Inverted

KEY POINTS

- Required Exam: Mental Status, Skin, HEENT, Neck, Heart, Lung, Abdomen, Back, Extremities, Neuro
- Do not write off marginal vitals or findings as "normal". These cases need to be evaluated in depth.
- History of preceding events is crucial to understanding cause. Determine onset, duration, LOC, patient recall of events, speed of recovery, neuro presentations, incontinence.
- Consider family history.
- Consider myocarditis if current or recent viral illness.
- Consider ectopic pregnancy if pregnancy known or suspected.
- CHF are extremely high-risk cases due to potential for arrhythmia.
- Pay attention to diagnostic EKG intervals, U waves, ectopic beats.
- Near syncope does not mean less risk.
- Syncope / near syncope patients should be transported even with identified and EMS treatable causes.