Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma

ADULT PROTOCOL

SYNCOPE / NEAR SYNCOPE

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

EMT Intervention	AEMT Intervention	PARAMEDIC Intervention	MED CONTROL Consult

ADULT PROTOCOL

SYNCOPE / NEAR SYNCOPE

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
• Onset, duration, event recall, • Cardiac (arrythmias, 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	• 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	• Vasovagal (BM, urination, coughing, GI stimulation) • Cardiac (arrythmia, 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. medical

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.
- More than 25% of geriatric syncope is a cardiac arrythmia.
- Syncope / near syncope patients should be transported even with identified and EMS treatable causes.