

Cardiovascular

Adult and Pediatric Syncope and Near Syncope

Aliases

Loss of consciousness

Patient Care Goals

1. Stabilize and resuscitate when necessary
2. Initiate monitoring and diagnostic procedures
3. Transfer for further evaluation

Patient Presentation

1. Syncope is heralded by **both** the loss of consciousness and the loss of postural tone and resolves spontaneously without medical interventions. Syncope typically is abrupt in onset and resolves equally quickly. EMS clinicians may find the patient awake and alert on initial evaluation
2. Near syncope is defined as the prodromal symptoms of syncope. The symptoms that can precede syncope last for seconds to minutes with signs and symptoms that may include pallor, sweating, lightheadedness, visual changes, or weakness. It may be described by the patient as “nearly blacking out” or “nearly fainting”.
3. Rapid first aid during the onset may improve symptoms and prevent syncope

Inclusion Criteria

1. Abrupt loss of consciousness with loss of postural tone
2. Prodromal symptoms of syncope

Exclusion Criteria

Conditions other than the above, including:

1. Patients with alternate and obvious cause of loss of consciousness (e.g., trauma – See [Head Injury Guideline](#))
2. Patients with ongoing mental status changes or coma should be treated per the [Altered Mental Status Guideline](#)
3. Patients with persistent new neurologic deficit [See [Suspected Stroke/Transient Ischemic Attack Guideline](#)]

Patient Management

Assessment

1. Pertinent History
 - a. Review the patient’s past medical history including a history of:
 - i. Cardiovascular disease (e.g., cardiac disease/stroke, valvular disease, hypertrophic cardiomyopathy, mitral valve prolapse)
 - ii. Seizure
 - iii. Recent trauma
 - iv. Active cancer diagnosis