Patient Safety Considerations:

1. Patients suffering from syncope due to arrhythmia may experience recurrent arrhythmias and should therefore be placed on a cardiac monitor
2. Geriatric patients suffering falls from standing may sustain significant injury and should be diligently screened for trauma. [General Trauma Management Guideline]

Notes/Educational Pearls

Key Considerations

1. By being most proximate to the scene and to the patient's presentation, EMS clinicians are commonly in a unique position to identify the cause of syncope. Consideration of potential causes, ongoing monitoring of vitals and cardiac rhythm and detailed exam and history are essential pieces of information to pass on to hospital clinicians
2. For patients where a lower risk etiology is suspected, e.g., vasovagal syncope, decisions regarding delayed or non-transport should be made in consultation with medical direction
3. High-risk causes of syncope include, but are not limited to, the following:
    a. Cardiovascular
        i. Myocardial infarction
        ii. Aortic stenosis
        iii. Hypertrophic cardiomyopathy (consider in young patient with unexplained syncope during exertion)
        iv. Pulmonary embolus
        v. Aortic dissection
        vi. Dysrhythmia
        vii. Mitral valve prolapse is associated with higher risk for sudden death
    b. Neurovascular
        i. Intracranial hemorrhage
        ii. Transient ischemic attack or stroke
        iii. Vertebral basilar insufficiency
    c. Hemorrhagic
        i. Ruptured ectopic pregnancy
        ii. GI bleed
        iii. Aortic rupture
4. Consider high-risk 12-lead EKG features including, but not limited to:
    a. Evidence of QT prolongation (generally over 500 msec)
    b. Delta waves
    c. Brugada syndrome (incomplete right bundle branch block (RBBB) pattern in V1/V2 with ST segment elevation)
    d. Hypertrophic obstructive cardiomyopathy

Pertinent Assessment Findings

1. 12-lead EKG findings
2. Evidence of alternate etiology, including seizure
3. Evidence of cardiac dysfunction (e.g., evidence of congestive heart failure (CHF), arrhythmia)
4. Evidence of hemorrhage
5. Evidence of neurologic compromise