



- v. Dysrhythmias including prior electrophysiology studies/pacemaker and/or implantable cardioverter defibrillator (ICD)
- vi. History of syncope
- vii. History of thrombosis or emboli
- b. History of Present Illness, including:
 - i. Conditions leading to the event: after transition from recumbent/sitting to standing; occurring with strenuous exercise (notably in the young and seemingly healthy)
 - 1. Syncope that occurs during exercise often indicates an ominous cardiac cause. Patients should be evaluated in the emergency department
 - ii. Patient complaints before or after the event including prodromal symptoms
 - iii. History of symptoms described by others on scene, including seizures or shaking, presence of pulse/breathing (if noted), duration of the event, events that lead to the resolution of the event
- c. Review of Systems:
 - i. Current medications (new medications, changes in doses)
 - ii. Fluid losses (nausea/vomiting/diarrhea) and fluid intake
 - iii. Last menstrual period/pregnant
 - iv. Occult blood loss (gastrointestinal (GI)/genitourinary (GU))
 - v. Palpitations
 - vi. Unilateral Leg swelling, history of recent travel, prolonged immobilization, malignancy
- d. Pertinent Physical Exam including:
 - i. Attention to vital signs and evaluation for trauma
 - ii. Note overall patient appearance, diaphoresis, pallor
 - iii. Detailed neurologic exam (including stroke screening and mental status)
 - iv. Heart, lung, abdominal, and extremity exam
 - v. Additional Evaluation:
 - 1. Cardiac monitoring
 - 2. Oxygen saturation (SPO₂)
 - 3. Ongoing vital signs
 - 4. 12-lead EKG
 - 5. Blood glucose level (BGL)

Treatment and Interventions:

- 1. Should be directed at abnormalities discovered in the physical exam or on additional examination and may include management of cardiac dysrhythmias, cardiac ischemia/infarct, hemorrhage, shock, etc.
 - a. Manage airway as indicated
 - b. Oxygen as appropriate
 - c. Evaluate for hemorrhage and treat for shock if indicated
 - d. Establish IV access
 - e. Fluid bolus if appropriate
 - f. Cardiac monitor
 - g. 12-lead EKG
 - h. Monitor for and treat arrhythmias (if present, refer to appropriate guideline)