

Syncope

History

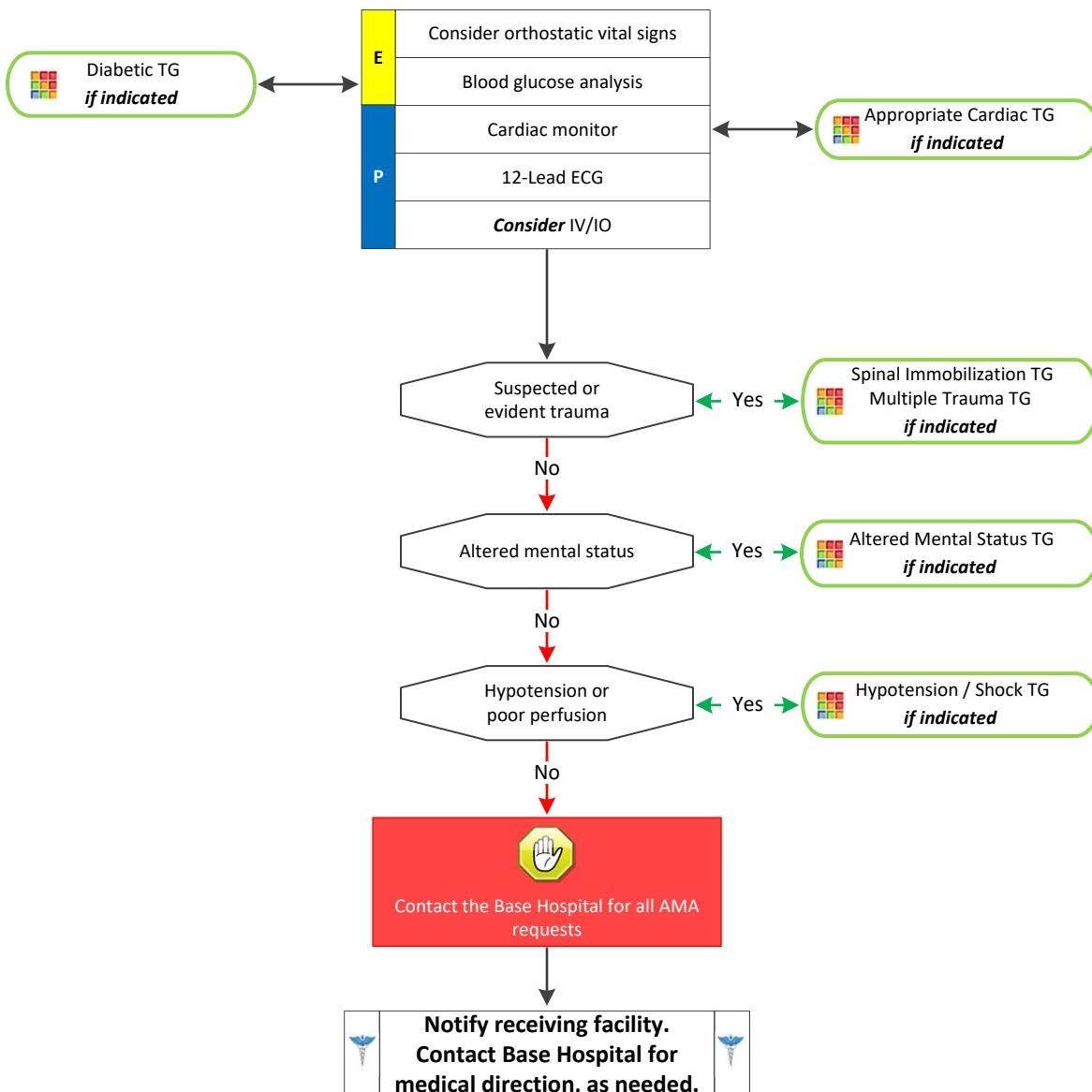
- History of cardiac, stroke or seizures
- Occult blood loss (GI or ectopic)
- Females: LMP or vaginal bleeding
- Fluid loss: nausea, vomiting or diarrhea
- Past medical history
- Medications

Signs and Symptoms

- Loss of consciousness with recovery
- Lightheadedness or dizziness
- Palpitations, slow or rapid
- Pulse irregularity
- Hypotension

Differential

- Vasovagal
- Orthostatic hypotension
- Cardiac syncope
- Micturition or defecation syncope
- Psychiatric
- Stroke
- Hypoglycemia
- Seizure
- Shock
- Toxicological (alcohol)
- Medication effect (hypertension)
- Pulmonary embolism
- AAA



Treatment Guideline A19

Syncope

Pearls

- Utilize the Base Hospital for syncopal patients who do not want transport to a hospital.
- Assess for signs and symptoms of trauma or head injury if associated with a fall or if it is questionable whether the patient fell due to syncope.
- Consider dysrhythmias, GI bleed, ectopic pregnancy, and seizure as possible cause of syncope.
- Syncope patients should be transported to a hospital for physician evaluation.
- More than 25% of geriatric syncope is cardiac dysrhythmia based.



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