

VV2. SYNCOPÉ

1. Inclusion Criteria

A patient of greater than 24 months of age who has had a loss of consciousness associated with an inability to maintain postural tone. The episode may spontaneously and completely resolve without medical intervention. **For children less than 24 months of age, refer to ALTE Protocol.**

2. Treatment



- a) Place patient in position of comfort.
- b) Perform Cincinnati Stroke Scale. If any segment is positive, go to Stroke: Neurological Emergencies Protocol.



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- c) Place patient on cardiac monitor.
 - d) Obtain 12-lead EKG.



HISTORY, PHYSICAL EXAMINATION, AND 12-LEAD EKG SHOULD ALL BE USED TO DETERMINE THE PATIENT'S RISK OF AN ADVERSE OUTCOME. PATIENTS WITH HISTORY OR EVIDENCE OF HEART FAILURE, STRUCTURAL CARDIAC ANOMALY, AND/OR ABNORMAL FINDING ON EKG ARE AT HIGHER RISK FOR ADVERSE OUTCOMES.

- e) Establish IV access.
- f) Use glucometer and treat accordingly.
- g) Administer 20mL/kg bolus of LR to treat systolic blood pressure persistently less than 90 mmHg.



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- h) Place patient in position of comfort.



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- i) Place patient on cardiac monitor.
 - j) Obtain 12-lead EKG for patients 13 years of age and older, or have not returned to baseline, or high-risk factors as listed in the ALERT.



SYNCOPÉ IN CHILDREN CAN SOMETIMES BE ASSOCIATED WITH SERIOUS MEDICAL CONDITIONS. PATIENTS WITH HISTORY OR EVIDENCE OF HEART FAILURE, STRUCTURAL CARDIAC ANOMALY, AND/OR ABNORMAL FINDING ON EKG ARE AT HIGHER RISK FOR ADVERSE OUTCOMES.

- k) Establish IV access, if appropriate.
- l) Use glucometer and treat appropriately.
- m) Administer 20mL/kg bolus of LR to treat age-defined hypotension.