

UU2. SYNCOPE

1. Initiate General Patient Care.

2. Presentation

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.**

3. 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.



SYNCOPE 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..

4. Continue General Patient Care