

# Syncope

Loss of consciousness with recovery

Lightheadedness, dizziness

Differential

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Vasovagal

Orthostatic hypotension

**Signs and Symptoms** 

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### **History**

- Cardiac history, stroke, seizure ٠
- Occult blood loss (GI, ectopic) •
- Females: LMP, vaginal bleeding •
- Fluid •
- Past
- ٠
- ٠ Med

nales: d loss diarrh t medi licatio	LMP, v : nause nea ical his ns	vaginal bleeding ea, vomiting, story	<ul> <li>Palpitations, s</li> <li>Pulse irregula</li> <li>Decreased block</li> </ul>	low or ra rity bod pres	apid p sure	ulse	<ul> <li>Cardiac syncope</li> <li>Micturition / Defeca</li> <li>Psychiatric</li> <li>Stroke</li> <li>Hypoglycemia</li> <li>Seizure</li> <li>Shock (see Shock</li> <li>Toxicological (Alco</li> <li>Medication effect (I</li> <li>PE</li> <li>AAA</li> </ul>	ation syncope Protocol) hol) nypertension)	
		Age Appro	opriate				Age Specific Blog	d Pressure	
		Airway Protocol(s) <i>if indica</i>				indicating possible shock			
		Blood Glucose A	nalysis Procedure				Age 0 – 28 days: SBF	P < 60	
	В	12 Lead EC				Ages $\ge 1$ month: SBP < 70 Age 1 – 9: SBP < 70 + (2x Age)			
IV or		IV or IO Access I	/ or IO Access Protocol UP 6				Ages 10 – 64: SBP < 90		
	Ρ	Cardiac	Monitor				Ages ≥ 65: SBP < 110	)	
		Altered Ment Protocol <i>if indica</i>	al Status UP 4 <b>ated</b>				All ages Shocl HR > SB	< Index: P	
		Age Appropria Protoco <b>if indica</b>	te Cardiac bl(s) <b>ated</b>						
		Age Appropriate Hypotension/ Shock Protocol AM 5/ PM 3 <i>if indicated</i>							
		Multiple Trauma Spinal Motion Procedure/ Pro <b>if indica</b>	Protocol TB 6 Restriction otocol TB 8 ated						
						IV or IO Acce Consider 2 I	ess Protocol UP 6 Large Bore sites		
	Serious Signs/ Symptoms Hypotension, poor perfusion, shock				Normal Saline 500 mL Bolus Repeat as needed Titrate SPB ≥ 90 mmHg Maximum 2 L				
				YES-	A Peds: 20 mL/kg IV / IO				
				Titrate to Age Appropriate SBP $\ge 70 \pm 2 \times 4$ as					
						Maxin	num 60 mL/kg		
							V		
						E	xit to		
		↓ ▼				Age A	Appropriate		
*		Notify Destin Contact Medio	nation or cal Control	*		Pro	tocol(s)		

# **Iniversal Protocol Section**

# OTH CAROLINA Contraction of Margania Million

# Pearls

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- Recommended Exam: Mental Status, Skin, HEENT, Heart, Lungs, Abdomen, Back, Extremities, Neuro
- Syncope is both loss of consciousness and loss of postural/ muscle tone with collapse. Symptoms preceding the event are important in determining etiology.
- Syncope often is due to a benign process but can be an indication of serious underlying disease in both the adult and pediatric patient.

Syncope

- Often patients with syncope are found normal on EMS evaluation. In general patients experiencing syncope require cardiac monitoring and emergency department evaluation.
- Differential should remain wide and include:

Cardiac arrhythmia	<b>Neurological problem</b>	Choking	Pulmonary embolism
Hemorrhage	Stroke	Respiratory	Hypo or Hyperglycemia
GI Hemorrhage	Seizure	Sepsis	

High-risk patients:	
Age ≥ 60	Syncope with exertion
History of CHF	Syncope with chest pain
Abnormal ECG	Syncope with dyspnea

- Abdominal/ back pain in women of childbearing age should be treated as pregnancy related until proven otherwise.
- The diagnosis of abdominal aneurysm should be considered with abdominal pain, with or without back and/ or lower extremity pain or diminished pulses, especially in patients over 50 and/ or patients with shock/ poor perfusion. Notify receiving facility early with suspected abdominal aneurysm.
- Consider cardiac etiology in patients > 35, diabetics, and/ or women especially with upper abdominal complaints.
- Heart Rate: Tachycardia is one of the first clinical signs of dehydration, typically increases as dehydration becomes more severe.
- Syncope with no preceding symptoms or event may be associated with an arrhythmia.
- Assess for signs and symptoms of trauma if associated or questionable fall with syncope.
- Consider dysrhythmias, GI bleed, ectopic pregnancy, and seizure as possible causes of syncope.
- In general these patients should be transported: Patients who experience syncope associated with headache, neck pain, chest pain, abdominal pain, back pain, dyspnea, or dyspnea on exertion need prompt medical evaluation.
- More than 25% of geriatric syncope is cardiac dysrhythmia based.

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