Syncope/Near Syncope

For syncope (transient loss of consciousness), NOT for cardiac arrest; use primary impression Cardiac Arrest – Non-Traumatic only

History
- History of cardiac, stroke or seizures
- Occult blood loss
- Females: vaginal bleeding
- Fluid loss: nausea, vomiting or diarrhea
- Past medical history
- Medications
- Recent air travel

Signs and Symptoms
- Loss of consciousness with recovery
- Lightheadedness or dizziness
- Palpitations
- Pulse irregularity
- Hypotension

Differential
- Vasovagal
- Orthostatic hypotension
- Cardiac syncope
- Micturition or defecation syncope
- Psychogenic syncope
- Stroke
- Hypoglycemia
- Seizure
- Shock
- Toxicological
- Medication effect (hypotension)
- Pulmonary embolism

Pearls
- Consider dysrhythmias, GI bleed, and seizure as possible cause of syncope.

Vital signs
- Blood glucose analysis
- Cardiac monitor
- 12-Lead ECG
- Consider, IV/IO

If age-dependent hypotensive
- Normal Saline bolus IV/IO
- May repeat x2

Suspected or evident trauma
- Yes → Trauma if indicated
- No

Altered mental status
- Yes → ALOC if indicated
- No

Hypotension or poor perfusion
- Yes → Shock if indicated
- No

Notify receiving facility.
Consider Base Hospital for medical direction

Vital signs
- Blood glucose analysis
- Cardiac monitor
- 12-Lead ECG
- Consider, IV/IO

Hypoglycemia if indicated
Hyperglycemia if indicated
Chest Pain – STEMI if indicated

Suspected or evident trauma
- Yes → Trauma if indicated
- No

Altered mental status
- Yes → ALOC if indicated
- No

Hypotension or poor perfusion
- Yes → Shock if indicated
- No

Notify receiving facility.
Consider Base Hospital for medical direction