

Patient Presentation: Fainted, passed out, nearly passed out, loss of consciousness.

Inclusion criteria:

- Abrupt loss of consciousness and postural tone
- Prodromal symptoms of syncope – nearly losing consciousness.

Exclusion criteria: Conditions other than above including -

- Patients with alternate and obvious cause of loss of consciousness (e.g. trauma), see **Head Injury guideline [T-7]**.
- Patients with ongoing mental status changes or coma, see **Altered Mental Status guideline [M-5]**.

Assessment, Treatment and Interventions:

ALL LEVELS

1. Manage airway as indicated.
2. Document patient history.
  - a. Past medical
  - b. History of present illness, including:
    - i. Conditions leading to the event
    - ii. Patient complaints before or after the event including prodromal (early) signs and symptoms
    - iii. History from others on scene including seizures or shaking, presence of pulse and breathing (if noted), duration of the event, and events that led to the resolution of the event.
  - c. Review of systems:
    - i. Occult (hidden) blood loss (GI/GU)
    - ii. Fluid losses (nausea/vomiting/diarrhea) and fluid intake
3. Pertinent physical exam.
  - a. Attention to vital signs as well as evaluation for trauma
  - b. Detailed neurological exam including stroke screening and mental status
  - c. Heart, lung, abdominal and extremity exam
4. Obtain vital signs.
5. **NOTE:** All patients suffering from syncope should be transported for hospital level evaluation, even if they appear normal with few complaints on scene.

EMR-O; EMT-R

6. Administer Oxygen as appropriate for dyspnea or distress with the target of achieving greater than 93% saturation for most acutely ill patients.
7. Document blood glucose level.
8. Evaluate for hemorrhage and treat for shock per **Shock guideline [M-13]**.
9. Monitor vital signs and repeat secondary survey.

EMT-O

10. Apply 12-lead ECG; relay findings to receiving facility.

AEMT-R

11. Interpret 12-lead ECG.
12. Establish IV/IO access
13. Consider isotonic IV/IO fluid bolus 20 ml/kg (normal saline)

AEMT-O

14. Administer lactated Ringer's if clinically appropriate.

15. Monitor for and treat arrhythmias. If present, refer to appropriate guideline.

INT-R

16. Interpret 12 lead ECG and ETCO<sub>2</sub>

### High Risk causes of Syncope

- a. Cardiovascular
  - i. Myocardial infarction
  - ii. Aortic stenosis
  - iii. Hypertrophic cardiomyopathy
  - iv. Pulmonary embolus
  - v. Thoracic aortic dissection
  - vi. Lethal dysrhythmia
- b. Neurovascular
  - i. Intracranial hemorrhage
  - ii. Transient ischemic attack (TIA) or stroke