

Syncope

History

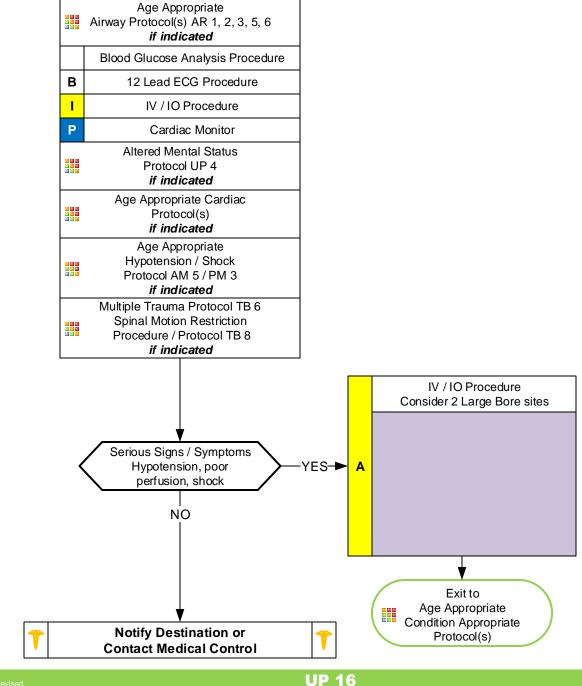
- Cardiac history, stroke, seizure
- Occult blood loss (GI, ectopic)
- Females: LMP, vaginal bleeding
- Fluid loss: nausea, vomiting,
- diarrhea
- Past medical history
- Medications



- Loss of consciousness with recovery
- Lightheadedness, dizziness
- Palpitations, slow or rapid pulse
- Pulse irregularity
- Decreased blood pressure

Differential

- Vasovagal
- Orthostatic hypotension
- Cardiac syncope
- Micturition / Defecation syncope
- Psychiatric
- Stroke
- Hypoglycemia
- Seizure
- Shock (see Shock Protocol)
- Toxicological (Alcohol)
- Medication effect (hypertension)
- PEAAA



Syncope

Pearls

- Recommended Exam: Mental Status, Skin, HEENT, Heart, Lungs, Abdomen, Back, Extremities, Neuro •
- Syncope is both loss of consciousness and loss of postural tone. 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.
- 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	Neurological problem	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

- Age specific blood pressure 0 28 days > 60 mmHg, 1 month 1 year > 70 mmHg, 1 10 years > 70 + (2 x • age) mmHg and 11 years and older > 90 mmHg.
- 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 > 50, diabetics and / or women especially with upper abdominal • complaints.
- Heart Rate: One of the first clinical signs of dehydration, almost always increased heart rate, tachycardia ٠ increases as dehydration becomes more severe, very unlikely to be significantly dehydrated if heart rate is close to normal.
- Syncope with no preceding symptoms or event may be associated with 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. •
- 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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