**Syncope**

**History**
- History of cardiac, stroke or seizures
- Occult blood loss (GI or ectopic)
- Females: LMP or vaginal bleeding
- Fluid loss: nausea, vomiting or diarrhea
- Past medical history
- Medications

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

**Differential**
- Vasovagal
- Orthostatic hypotension
- Cardiac syncope
- Micturition or defecation syncope
- Psychiatric
- Stroke
- Hypoglycemia
- Seizure
- Shock
- Toxicological (alcohol)
- Medication effect (hypertension)
- Pulmonary embolism
- AAA

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**Diabetic TG if indicated**

**E** Consider orthostatic vital signs

- Blood glucose analysis
- Cardiac monitor
- 12-Lead ECG

**P** Consider IV/IO

**Suspected or evident trauma**

Yes → Spinal Immobilization TG Multiple Trauma TG if indicated

No → Altered mental status

Yes → Altered Mental Status TG if indicated

No → Hypotension or poor perfusion

Yes → Hypotension / Shock TG if indicated

No → Notify receiving facility. Contact Base Hospital for medical direction

**Base Hospital contact is required for refusal of care**
Pearls

- Utilize the Base Hospital for syncopal patients who do want transport to a hospital.
- Assess for signs and symptoms of trauma or head injury if associated with a fall or if it is questionable whether the patient fell due to syncope.
- Consider dysrhythmias, GI bleed, ectopic pregnancy, and seizure as possible cause of syncope.
- Syncope patients should be transported to a hospital for physician evaluation.
- More than 25% of geriatric syncope is cardiac dysrhythmia based.