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

Diabetic TG if indicated

Consider orthostatic vital signs
Blood glucose analysis
Cardiac monitor
12-Lead ECG
Consider IV/IO

Spinal Immobilization TG if indicated

Multiple Trauma TG if indicated

Altered Mental Status TG if indicated

Hypotension / Shock TG if indicated

Yes

Suspected or evident trauma

No

Yes

Altered mental status

No

Yes

Hyptension or poor perfusion

No

Contact the Base Hospital for all AMA requests

Notify receiving facility. Contact Base Hospital for medical direction, as needed.
Pearls

- Utilize the Base Hospital for syncopal patients who do not 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.