2.24 Syncope Adult & Pediatric

EMT STANDING ORDERS

E

- Routine Patient Care.
- Maintain oxygen saturation ≥ 94%.
- Attempt to determine the cause of syncope.
- Perform cardiac monitoring; obtain 12-Lead EKG. If acute coronary syndrome is suspected, refer to Acute Coronary Syndrome Protocol 3.0.
- Obtain blood glucose analysis; refer to Hyperglycemia 2.8 A&P or Hypoglycemia 2.10 A&P Protocols, if indicated.
- Assess for signs/symptoms of trauma if related or from fall associated with syncope; refer to Spinal Injury Protocol 4.5 if indicated.
- Prevent and treat for shock; see Shock- Non-traumatic 2.21 or Shock - Traumatic Protocol 4.4.
- Consider ALS intercept.

ADVANCED EMT STANDING ORDERS

A

- Consider fluids per Shock – Non-traumatic Protocol 2.21.

PARAMEDIC STANDING ORDERS

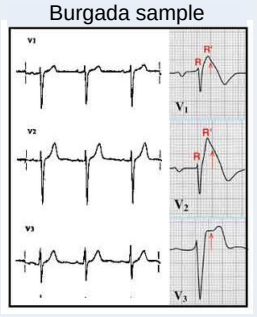
P

- Observe for and treat dysrhythmias as indicated.

PEARLS:

- Syncope is defined as a loss of consciousness accompanied by a loss of postural tone with spontaneous recovery.
- Consider all syncope to be of cardiac origin until proven otherwise.
- While often thought as benign, syncope can be the sign of more serious medical emergency.
- Syncope that occurs during exercise often indicates an ominous cardiac cause. Patients should be evaluated at the ED. Syncope that occurs following exercise is almost always vasovagal and benign.
- Prolonged QTc (generally >500ms) and Brugada Syndrome (incomplete RBBB pattern in V1/ V2 with ST segment elevation) should be considered in all patients.

Burgada sample



- There is no evidence that supports acquiring orthostatic vital signs.
- Syncope can be indicative of many medical emergencies including:
  - Myocardial infarction
  - Pulmonary embolism
  - Cardiac arrhythmias,
  - Vaso-vagal reflexes
  - Diabetic emergencies
  - Poisoning/drug effects
  - Dehydration
  - Hypovolemia
  - Seizures
  - Ectopic pregnancy