

Douglas County KS EMS System

November 2022

Referenced Procedures: None

Goals for Patient Care

- Initiate treatment and evaluation of the patient who experienced syncope, with an eye to high-risk features of syncope
- Stabilize (and resuscitate if necessary) the patient
- Recognize that often patients with syncope may appear normal upon initial evaluation but this benign appearance should not mislead the provider; patients still warrant through evaluation.

Medications:

ADULT Medications:

 Normal Saline: 500mL, IV/IO for dehydration, hemodynamic instability

PEDIATRIC Medications: Refer to HandTevy

 Normal Saline: 20mL/kg, IV/IO for dehydration, hemodynamic instability

Procedures/ Interventions

- Obtain a brief history including onset, duration, warning symptoms (e.g. light headedness, dizziness, nausea) presence of seizure activity, and precipitating factors (e.g. sudden change of position)
 - High-risk features include age>60, syncope with exertion, history of CHF, syncope preceded by or resulting in chest pain or dyspnea, syncope with back pain, abnormal ECG findings, and patients with significant comorbidities.
- Administer oxygen and assist ventilation as required
- Assess for trauma from fall, if trauma present, refer to general trauma protocol.
- Consider orthostatic vitals (treat shock per shock protocol)
- Establish IV access
- Assess Blood Glucose
- All patients with true syncope should have a 12-lead ECG performed and transmitted
- Identify and treat underlying cause per appropriate protocol
- Transport while monitoring Vital signs and patient's clinical appearance

Considerations

Considerations for crews on scene prior to ambulance arrival

- Obtain a brief history including onset, duration, warning symptoms (e.g. light headedness, dizziness, nausea) presence of seizure activity, and precipitating factors (e.g. sudden change of position) o High-risk features include age>60, syncope with exertion, history of CHF, syncope preceded by or resulting in chest pain or dyspnea, syncope with back pain, abnormal ECG findings, and patients with significant comorbidities.
- Assess for trauma from fall, if trauma present, refer to general trauma protocol.
- Assess Blood Glucose