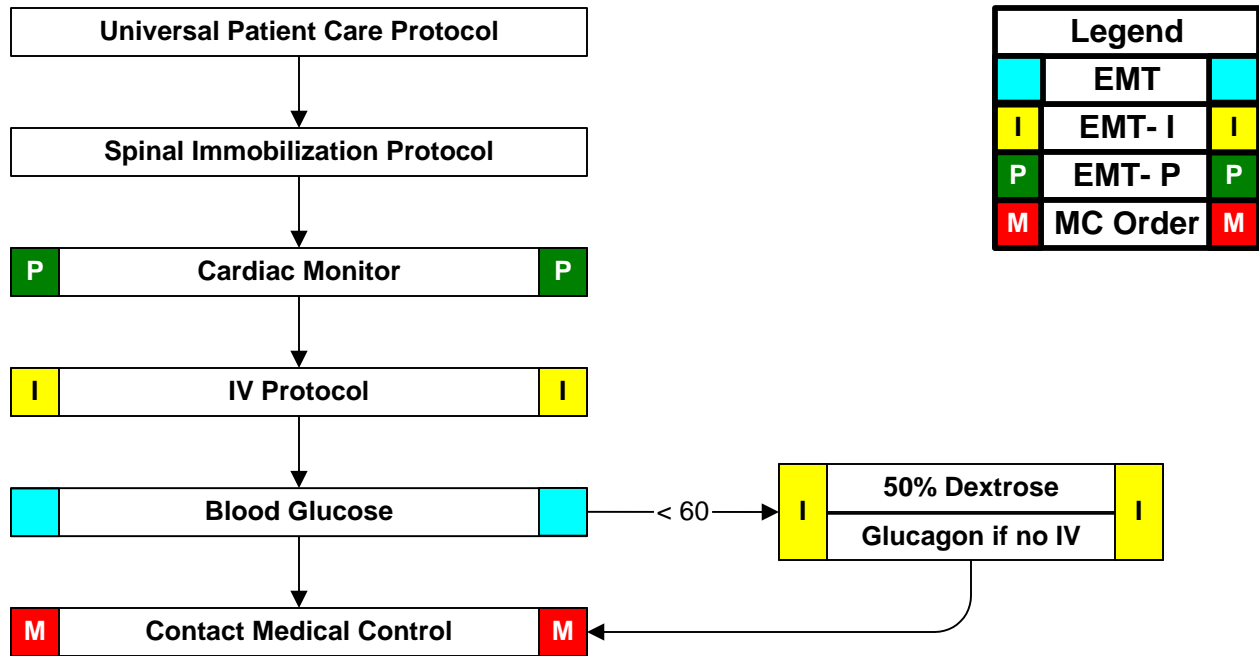




Syncope



<p>History:</p> <ul style="list-style-type: none"> • Cardiac history, stroke, seizure • Occult blood loss (GI, ectopic) • Females: LMP, vaginal bleeding • Fluid loss: nausea, vomiting, diarrhea • Past medical history • Medications 	<p>Signs and Symptoms:</p> <ul style="list-style-type: none"> • Loss of consciousness with recovery • Lightheadedness, dizziness • Palpitations, slow or rapid pulse • Pulse irregularity • Decreased blood pressure 	<p>Differential:</p> <ul style="list-style-type: none"> • Vasovagal • Orthostatic hypotension • Cardiac syncope • Micturition / Defecation syncope • Psychiatric • Stroke • Hypoglycemia • Seizure • Shock (see Shock Protocol) • Toxicologic (Alcohol) • Medication effect (hypertension)
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AT ANY TIME

If relevant signs / symptoms found go to appropriate protocol:

Dysrhythmia
Altered Mental Status
Hypotension

Pearls:

- **Exam: Mental Status, Skin, HEENT, Heart, Lungs, Abdomen, Back, Extremities, Neuro**
- 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.
- More than 25% of geriatric syncope is cardiac dysrhythmia based.