WEST MICHIGAN REGIONAL PROTOCOL

SYNCOPE PROTOCOL

Purpose: **To provide the process for assessment and management of the syncopal, or near syncopal patient.**

M B S P

I. Assessment Information

A. Past Medical History: medications, prior syncope, cardiac disease, pacemaker, and automatic implanted cardioverter/defibrillator
B. Current History: onset, duration, seizure activity, and orthostatic symptoms.
  1) Precipitating factors: was patient sitting, standing, or lying, post urination or defecation, emotionally upset.
C. Specific Objective Findings:
  1. Vital Signs, level of consciousness, EKG
  2. Signs of systemic trauma, incontinence
  3. Third trimester pregnancy
  4. Associated symptoms: dizziness, nausea, headache, palpitations, chest pain, dyspnea, hyperventilation, and abdominal pain.

II. Management

A. Utilize universal precautions.
B. Keep the patient flat, DO NOT try to sit patient up.
  1. Provide spinal immobilization if indicated.
  2. If third trimester pregnancy, elevate right side of bed or backboard.
C. Evaluate and maintain the airway, provide oxygenation and support ventilation as needed.
D. If altered LOC continues, refer to Altered Mental Status Protocol.
E. Loosen tight clothing and elevate lower extremities 10-12 inches.
F. Monitor EKG — **P**
G. Obtain vascular access — **S P**
H. Transport — **B S P**

CONTACT MEDICAL CONTROL

S P

I. Possible orders post radio contact:

A. Additional IV fluids as ordered

M B S P

III. Special Considerations

A. Syncope is frequently vasovagal, with dizziness progressing to faint over several minutes. Recumbent position should be sufficient to restore vital signs and LOC to normal.
B. Syncope occurring when the patient is supine may be of cardiac origin.
C. Syncope, which occurs without warning, or while in a recumbent position, is potentially serious and is often caused by a dysrhythmia.
D. Time should not be spent on specific orthostatic vital signs.