Syncope

**History**
- Cardiac history, stroke, seizure
- Occult blood loss (GI, ectopic)
- Females: LMP, vaginal bleeding
- Fluid loss: nausea, vomiting, diarrhea
- Past medical history
- Medications

**Signs and Symptoms**
- Loss of consciousness with recovery
- Lightheadedness, dizziness
- Palpitations, slow or rapid pulse
- Pulse irregularity
- Decreased blood pressure

**Differential**
- Vasovagal
- Orthostatic hypotension
- Cardiac syncope
- Micturation / Defecation syncope
- Psychiatric
- Stroke
- Hypoglycemia
- Seizure
- Shock (see Shock Protocol)
- Toxicologic (Alcohol)
- Medication effect (hypertension)

**Universal Patient Care Protocol**

**Spinal Immobilization Protocol**

**AT ANY TIME**
If relevant signs / symptoms found go to appropriate protocol:
- Dysrhythmia
- Altered Mental Status
- Hypotension

**Notify Destination or Contact Medical Control**

**Legend**

P - EMT
I - EMT-I
B - EMT-B
M - Medical Control

**Pearls**
- **Recommended 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.