



Syncope

Assessment

Pediatric Pearls:

- Use pediatric dosing of medications or electrical therapy for a pediatric patient < 37 kg and as defined by the PEDIA Tape.
- Pediatric hypotension is defined as SBP < 70 + (age in years x 2) mmHg

Signs & Symptoms:

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

Differential:

- Vasovagal
- Hypotension / Hypoperfusion
- Cardiac syncope / PE
- Micturition / Defecation syncope
- Stroke
- Hypoglycemia
- Seizure
- Toxicological
- Medication effect (hypotension)
- Aortic Stenosis / Vascular Disease

Clinical Management Options

P	P	P	P	P	P	<ul style="list-style-type: none"> • Oxygen titrated and PRN • BGL assessment • Cincinnati Pre-hospital Stroke Screen (CPSS) Assessment • Basic airway management • Spinal Motion Restriction Assessment • Orthostatic vital sign assessment if appropriate
L	L	L	L	L	L	<ul style="list-style-type: none"> • 4 lead and 12 lead placement / acquisition of ECG • EtCO₂ placement
1	2	3	4	5	6	<ul style="list-style-type: none"> • Vascular access • Isotonic Crystalloid as needed for dehydration or hypotension not caused by hemorrhage
						<ul style="list-style-type: none"> • Monitoring and interpretation of ECG & EtCO₂

Consult Online Medical Control As Needed

Pearls:

- Refer to drug formulary charts for all medication dosing for both adults and pediatric patients.
- Assess for signs and symptoms of trauma if associated or questionable fall with syncope.
- Consider dysrhythmias, GI bleed, ectopic pregnancy, and seizure as possible cause of syncope.
- More than 25% of geriatric syncope is cardiac dysrhythmia based.
- Anyone > 65 years old should have continuous cardiac monitoring.