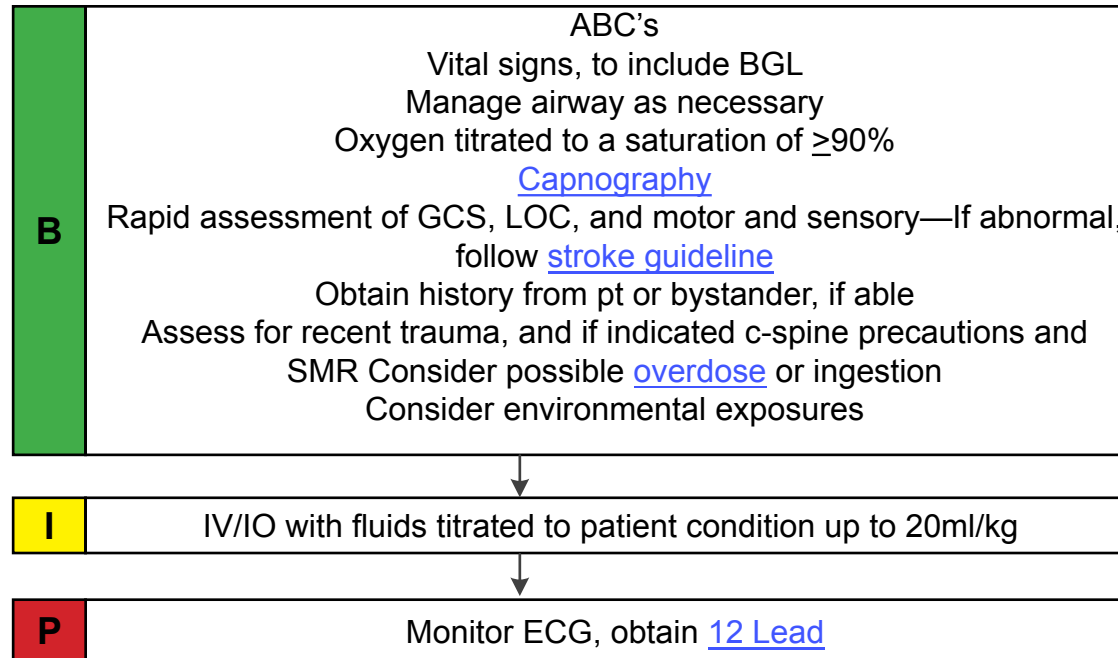


Syncope

Designation of Condition: Syncope is defined as a loss of consciousness accompanied by a loss of postural tone with spontaneous recovery. Have high suspicion for cardiac origin, or possible neurologic cause.

DDX: pulmonary embolism, [sepsis](#), arrhythmia, seizure, [stroke](#), vasovagal, orthostatic hypotension, hypoglycemia, shock, toxicologic, AAA or aortic stenosis. Consider pregnancy status, specifically possible ectopic pregnancy.

First medical contact to [12 Lead ECG](#) <5 minutes



KEY POINT

- This is a high-risk complaint. Obtain detailed history, physical, and neurological exam.
- Syncope with no preceding symptoms or event may be associated with arrhythmia.
 - Consider cardiac etiology in patients > 50, diabetics and / or women especially with upper abdominal complaints.
- Abdominal / back pain in women of childbearing age should be treated as pregnancy related until proven otherwise.
- High-risk patients:
 - Age >60
 - History of CHF
 - Abnormal ECG
 - Syncope with exertion
 - Syncope with chest pain
 - Syncope with dyspnea

Pediatric Considerations:

- Life-threatening causes of pediatric syncope are usually cardiac in etiology (arrhythmia, cardiomyopathy, myocarditis, or previously unrecognized structural lesions)
- In addition to the causes listed above, consider the following in the pediatric patient:
 - Seizure
 - Heat intolerance
 - Breath holding spells
 - [BRUE \(Brief Resolved Unexplained Events, formerly ALTE\)](#)
 - Toxins (marijuana, opioids, cocaine, CO, etc.)
- Important historical features of pediatric syncope include: color change, seizure activity, incontinence, postictal state, and events immediately prior to syncope event