Treatment Protocol: SYNCOPE / NEAR SYNCOPE — Ref. No. 1233-P

1. Assess airway and initiate basic and/or advanced airway maneuvers prn *(MCG 1302)*

2. Administer **Oxygen** prn *(MCG 1302)*

3. Establish vascular access prn *(MCG 1375)*

4. For symptomatic orthostasis (in older children), signs of dehydration or fluid losses, or for poor perfusion:
   Normal Saline 20mL/kg IV rapid infusion per *MCG 1309*
   For persistent poor perfusion, treat in conjunction with *TP 1207-P, Shock/Hypotension* ❶ ❷

5. Initiate cardiac monitoring *(MCG 1308)*
   Perform 12-Lead ECG if dysrhythmia suspected
   If cardiac dysrhythmia is present, treat per *TP 1212-P, Cardiac Dysrhythmia-Bradycardia* or *TP 1213-P, Cardiac-Dysrhythmia-Tachycardia*

6. Assess for signs of trauma
   If traumatic injury suspected, treat in conjunction with *TP 1244-P, Traumatic Injury*

7. For persistent ALOC, treat in conjunction with *TP 1229-P, ALOC* ❸

SPECIAL CONSIDERATIONS

❶ Patients who are lightheaded and/or tachycardic when sitting and/or standing compared to lying down, referred to as orthostatic, are likely dehydrated and in need for fluid resuscitation. Orthostatic vitals provide little information and may result in harm so should not be performed. Syncope can result from a lack of adequate perfusion to the brain, and in the setting of suspected dehydration or fluid losses, this can be a sign of poor perfusion. Therefore, for patients who present with syncope with orthostasis and/or dehydration, fluid resuscitation is appropriate unless contraindicated.

❷ In females of child-bearing age with syncope, ask about possible pregnancy and any history of vaginal bleeding. One cause of syncope in females is a ruptured ectopic pregnancy. This can be life threatening and may present with poor perfusion and require fluid resuscitation with **Normal Saline**. Contact Base if patient known to be pregnant.

❸ Syncope in children is most often a result of vasovagal syncope and transport to an EDAP is appropriate. However, syncope associated with a dysrhythmia or ALOC indicates a serious underlying disease and patients should be transported to a PMC.