Information Needed

1. History: presyncopal events, warning signs vs. no warning, onset, duration, seizure activity, patient position prior to syncope, pregnancy, injury from collapse, past medical history, medications, drug or alcohol abuse, environmental factors.
2. Physical findings: neurologic status (postictal?); signs of trauma, blood loss, anemia, sepsis, or dehydration (see shock); abnormal pulse, heart murmur, edema.
3. Associated symptoms: vertigo, nausea, vomiting, chest/abdominal pain, palpitations, trauma, vaginal bleeding, headache.

Treatment

1. Protect airway, suction and assist ventilation as needed.
2. Administer O_2 moderate to high flow.
3. Immobilize spine if traumatic injury suspected.
4. Determine vital signs (pulse, blood pressure, respirations, SPO2). Obtain orthostatic vital signs.
5. Monitor ECG.
6. Perform patient assessment.
7. Establish venous access, draw blood, determine BGL. Consider fluid bolus.
8. If patient is refusing transport, consult medical control.

Notes

1. Syncope while lying down is almost always cardiac.
2. Syncope in middle aged and elderly patients is often cardiac.
3. Occult bleeds can cause syncope. This is very hard to exclude in the field. Recommend to all syncope patients that they be evaluated in the hospital.
4. Syncope is a transient loss of consciousness from which the patient has recovered. Vasovagal syncope is a diagnosis of exclusion after a workup has been performed.