



Portage County EMS Patient Care Guidelines



Syncope

Priorities	Assessment Findings
Chief Complaint	"Passed Out"; "Fainted"
LOPQRST	Determine onset, duration and triggering events (e.g., fright, defecation, micturation)
AS/PN	Headache, dizziness, confusion, vomiting, diarrhea, dehydration, incontinence, seizure, lack of food or water
AMPL	Exposure to known allergen. History of heart disease or stroke. Current or past medication for these problems. Compliance with these medications recently.
Initial Exam	Check ABCs and correct any immediately life threatening problems.
Detailed Focused Exam	Vital Signs: BP, HR, RR, Temp, SpO2 General Appearance: may be normal or ill appearing Skin: Pale, cool, diaphoretic Heart: Hypotension, tachycardia, weak pulses, poor capillary refill? Neuro: May be A&OX3; ALOC? Focal deficits, signs of trauma due to falling?
Data	Blood glucose. EKG
Goals of Therapy	Manage symptoms and suspected etiology of syncope.
Monitoring	Cardiac monitoring, Heart rate and blood pressure

EMERGENCY MEDICAL RESPONDER/ EMERGENCY MEDICAL TECHNICIAN

- Routine Medical Care
- Administer oxygen 2 – 4 LPM per nasal cannula if SpO2 < 94%. Increase flow and consider non-rebreather mask to keep SpO2 > 94%
- Check blood glucose level. Refer to *Altered Level of Consciousness Guideline* as needed for hypo- or hyperglycemia.
- Gently lower the patient to a supine position or Trendelenburg position if hypotensive.

Give a status report to the ambulance crew by radio ASAP.

ADVANCED EMERGENCY MEDICAL TECHNICIAN

- Initiate IV normal saline @ KVO
- If patient is hypotensive, or shows signs of dehydration administer 500 ml fluid bolus

Contact Medical Control for the following:

- Additional fluid orders

INTERMEDIATE/ PARAMEDIC

- Acquire, interpret and transmit 12-lead EKG to receiving facility.
- Treat arrhythmias as indicated
- Refer to *Hypovolemia, Shock and Suspected Sepsis Guideline* as needed for hypotension

Contact Medical Control for the following:

- Additional orders

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Electronically Signed

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