

SYNCOPE (FAINTING)

I. DEFINITION:

- A. Syncope (fainting) is a transient vascular/neurogenic reaction marked by pallor, nausea, sweating, bradycardia, and rapid fall in arterial blood pressure, which, when below a critical level, results in loss of consciousness.
- B. Vasovagal syncope usually occurs in the upright position and is often preceded by warning symptoms (e.g., nausea, weakness, yawning, apprehension, visual blurring, sweating).

II. CLINICAL FEATURES:

- A. Client may complain of dizziness
- B. Pallor, sweating, yawning or nausea may be observed
- C. Heart palpitations
- D. Client may complain of darkening or narrowing of visual field
- E. Tinnitus or ringing in the ears.

III. MANAGEMENT OF THE **UNCONSCIOUS** CLIENT:

- A. Assess and monitor airway, heart rate and level of consciousness (orientation x 3 – person, place and time)
- B. Administer oxygen at 8-15 L/min by non-rebreather mask or 100% by ambu bag, as needed.
- C. Measure BP, pulse and respirations and continue to monitor level of consciousness.
- D. Assess for obvious injuries.
- E. Do not attempt to move the client.
- F. If client does not regain consciousness within 2-3 minutes, activate EMS, IF NECESSARY (if life-threatening emergency exists).
- G. DO NOT USE AMMONIA INHALANTS.
- H. Send the following information with the client if transported to the emergency room using the Appendix – Syncope. Place copy of completed Appendix in client record.
 - 1. Signs and symptoms prior to fainting episode
 - 2. B/P, pulse and respiration
 - 3. Age (DOB) and approximate weight of client
 - 4. Flow rate and method of oxygen administration if used
- I. Complete Incident Report (ODH 33) per agency administrative policy
- J. If client regains consciousness, assess mental status (Orientation X3 person, place and time) continue to monitor vital signs every 3-5 minutes until client is stable and symptoms resolve. (See Management of the conscious client below.)

- K. Follow-up:
1. Contact emergency room/hospital regarding condition of client in 24 hours, if unknown.
 2. Determine tracking priority using professional judgment.
 3. If not sent to ER, contact client at home.

IV. MANAGEMENT OF THE **CONSCIOUS** CLIENT:

- A. Assist to a lying position with feet elevated
- B. Monitor blood pressure and pulse
- C. Remain with client until symptoms resolve
- D. Assist to upright position slowly
- E. Monitor for return of symptoms
- F. Assess for causes of fainting episode, frequency of occurrence
- G. Require client to be accompanied when leaving the clinic
- H. Refer to primary care provider for evaluation, as necessary
- I. Follow up - Call hospital or client at home for update in 24 hours.

References:

Tanser, Paul H. Syncope. Merck Manual for Health Professionals. www.Merckmanuals.com.
Last full review/revision April 2009

Wedro, Benjamin. Fainting. <http://www.medicinenet.com/fainting/page8.htm>

Fainting. American College of Emergency Physicians.
<http://www.emergencycareforyou.org/EmergencyManual/WhatToDoInMedicalEmergency/Default.>

Syncope. The Merck Manual for Healthcare Professionals.
http://www.merckmanuals.com/professional/cardiovascular_disorders/symptoms_of_cardiovascular_disorders/syncope

APPENDIX – SYNCOPE

Name _____ Today's date _____
 Last First Middle Initial

Address _____

DOB _____ Weight _____ Gender _____

Time of symptom onset _____ Time emergency system activated _____ Time ambulance arrived _____

Baseline vitals before occurrence (if available)

BP	Pulse	Respirations

Symptoms (including description: precipitating incident) _____

Vital Signs	BP	Pulse	Respirations	Level of Consciousness
Time				

Oxygen Time begun _____
 Mask _____
 Ambu bag _____
 Percentage _____

Primary care provider notified Name: _____ Time _____

Time of transport _____ Where transported _____

Nurse Signature _____

Nurse Signature _____

