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, circulation, coughing or movement.

B. Assess and monitor level of consciousness (orientation x 3 – person, place and time).

C. Assess and address obvious injuries that may have occurred if client fell when they fainted.

D. Position the person on their back and elevate. If the person is breathing, elevate their legs above their heart about 12 inches.

E. If possible, loosen belts, collars or other constrictive clothing.

F. Administer oxygen at 8-15 L/min by non-rebreather mask or 100% by ambu bag, as needed.

G. Measure BP, pulse and respirations and continue to monitor level of consciousness.

H. Assess for obvious injuries.

I. Do not attempt to move the client.

J. If client does not regain consciousness within 2-3 minutes, activate EMS, IF NECESSARY (if life-threatening emergency exists).

K. DO NOT USE AMMONIA INHALANTS.

L. 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

M. Complete Incident Report (ODH 33) per agency administrative policy.

N. 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.)

N. 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 about 12 inches.
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 and respond to obvious or reported injuries as a result of fainting.
G. Assess for causes of fainting episode, frequency of occurrence.
H. Once episode has resolved, do not get the person up too quickly.
I. Require client to be accompanied when leaving the clinic.
J. Refer to primary care provider for evaluation, as necessary.
K. Follow up - Call hospital or client at home for update in 24 hours.

References:

Last full review/revision April 2009


# APPENDIX – SYNCOPE

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<th>Name</th>
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<td>BP</td>
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<td>Time of transport</td>
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Nurse Signature

Nurse Signature
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