



**General Medicine
SYNCOPE
Practice Guideline**

Patient Care Goals

1. Stratify the severity of risk causing the syncope event.
2. Understand many conditions cause syncope, some of which are life-threatening.
3. Apply all appropriate Milwaukee County Standards of Care.

Patient Presentation
Inclusion Criteria
Brief loss of consciousness due to a temporary reduction in blood flow to the brain.

High Risk Criteria
Concerning ECG

- contiguous ST elevation or depression
- prolonged QTc > 470 ms
- arrhythmia
- type II or III AV Block

 Bleeding may include hematemesis, melena, or pale tongue/conjunctiva
 History of CHF
 Shortness of breath
 Hypotension

Patient Management
 Consider possible seizure
 Consider vasovagal or orthostatic syncope
 Conduct thorough exam to identify injuries
 Continuous cardiac monitoring is important for any patient with High Risk Criteria

Patient Safety Considerations
 Consider syncope as underlying cause when responding to 'fall assist' patients

Quality Improvement
 High Risk Criteria
 Medical decision-making for transport level



Paramedic Working Assessment: Syncope

Universal Care

Consider syncope for falls, seizures, and traumatic accidents

Check blood glucose

Obtain 12 Lead ECG

High Risk Criteria
 Concerning ECG
 History of CHF
 Active bleeding
 Shortness of Breath
 Hypotension

General updating of older document

Yes to any
 Continuous cardiac monitoring

Transport to closest appropriate hospital

