REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Syncope

Overview: Syncope is caused by a sudden decrease in cerebral perfusion. Various causes of syncope exist such as cardiac dysrhythmias, stroke, drug or alcohol intoxication, aortic stenosis, pulmonary embolism, and hypoglycemia.

INFORMATION NEEDED

__ Duration of the syncopal episode
__ Symptoms before syncopal episode (palpitation, seizure, incontinence, aura)
__ Previous episodes of syncope
__ Circumstances of occurrence (e.g. patient's position before the event, sever pain, emotional stress)
__ Other associated symptoms

OBJECTIVE FINDINGS

__ Vital signs (especially pulse rate, quality, regularity)
__ Other information as listed above

TREATMENT

CONSCIOUS, ALERT, ORIENTED WITH HISTORY OF SYNCOPAL EPISODE

__ RMC
__ Obtain and record blood sugar level.
__ Consider possible causes of syncope and/or altered sensorium:

T	-	Trauma/Temperature
I	-	Infection
P	-	Psychiatric
S	-	Stroke, Subarachnoid, Shock
A	-	Alcohol and other Toxins
E	-	Endocrine
I	-	Insulin
O	-	Oxygen/Opiates
U	-	Uremia

TREATMENT

ALTERED SENSORIUM, UNCONSCIOUS, OR SIGNS OF HYPOPERFUSION AND/OR SYSTOLIC BP < 90

__ RMC

__ Oxygen at 100% by non-rebreather mask or assist with BVM while securing the airway by using a nasopharyngeal or oropharyngeal airway.

__ If blood sugar level < 60, GIVE:

- **GLUCAGON 1 MG IM** in adults

Documentation of adherence to protocol:

__ Associated information such as duration of incident, blood sugar level and treatment given

PRECAUTIONS AND COMMENTS

- Because of the possible causes of syncope, encourage the patient with a syncopal episode to be transported for Medical evaluation.

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

SMO: Syncope

Overview: Syncope is caused by a sudden decrease in cerebral perfusion. Various causes of syncope exist such as cardiac dysrhythmias, stroke, drug or alcohol intoxication, aortic stenosis, pulmonary embolism, and hypoglycemia.

INFORMATION NEEDED

__ Duration of the syncopal episode
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__ Other associated symptoms

OBJECTIVE FINDINGS

__ Vital signs (especially pulse rate, quality, regularity)
__ Other information as listed above

TREATMENT

CONSCIOUS, ALERT, ORIENTED WITH HISTORY OF SYNCOPAL EPISODE

__ RMC
__ Cardiac monitoring
__ Obtain and record blood sugar level.
__ Consider possible causes of syncope and/or altered sensorium:

T	-	Trauma/Temperature
I	-	Infection
P	-	Psychiatric
S	-	Stroke, Subarachnoid, Shock
A	-	Alcohol and other Toxins
E	-	Endocrine
I	-	Insulin
O	-	Oxygen/Opiates
U	-	Uremia

TREATMENT

ALTERED SENSORIUM, UNCONSCIOUS, OR SIGNS OF HYPOPERFUSION AND/OR SYSTOLIC BP < 90

__ RMC

__ Oxygen at 100% by non-rebreather mask or assist with BVM while securing the airway by using a nasopharyngeal or oropharyngeal airway or inserting an ETT.

__ Cardiac monitoring

__ If blood sugar level < 60, GIVE:

- **DEXTROSE 50% 50cc IVP** in adults
- **DEXTROSE 25% 2 cc / kg IVP** in peds
- **DEXTROSE 12.5% 2cc / kg** in infants

__ If unconscious, **NARCAN 2.0 mg IVP**. May repeat every 2 minutes prn if transient response observed up to 10 mg total.

__ IV fluid challenge in 200 cc increments (20 cc / kg in PEDS) with signs of hypotension.

Documentation of adherence to protocol:

__ Cardiac rhythm

__ Associated information such as duration of incident, blood sugar level and treatment given

PRECAUTIONS AND COMMENTS

- Because of the possible causes of syncope, encourage the patient with a syncopal episode to be transported for Medical evaluation.