Routine Patient Care.
- Maintain oxygen saturation 94 - 99%.
- Attempt to determine the cause of syncope.
- Perform cardiac monitoring; obtain 12-Lead EKG, if available. If acute coronary syndrome is suspected, refer to Acute Coronary Syndrome Protocol 3.0.
- Obtain blood glucose analysis; refer to Hyperglycemia 2.7 A&P or Hypoglycemia 2.9 A&P Protocols, if indicated.
- Assess for trauma either as the cause of the syncope or as a consequence of the syncopal event assess for trauma; refer to Spinal Injury Protocol 4.5 if indicated.
- Prevent and treat for shock; see Shock- Non-traumatic 2.19 or Shock - Traumatic Protocol 4.4.
- Consider ALS intercept.

PEARLS:
- Syncope is defined as a loss of consciousness accompanied by a loss of postural tone with spontaneous recovery.
- Consider all syncope to be of cardiac origin until proven otherwise.
- While often thought as benign, syncope can be the sign of more serious medical emergency.
- Syncope that occurs during exercise often indicates an ominous cardiac cause. Patients should be evaluated at the ED. Syncope that occurs following exercise is almost always vasovagal and benign.
- Prolonged QTc (generally >500ms) and Brugada Syndrome (incomplete RBBB pattern in V1/V2 with ST segment elevation) should be considered in all patients.
- There is no evidence that supports acquiring orthostatic vital signs.
- Syncope can be indicative of many medical emergencies including:
  - Myocardial infarction
  - Pulmonary embolism
  - Cardiac arrhythmias,
  - Vaso-vagal reflexes
  - Diabetic emergencies
  - Poisoning/drug effects
  - Dehydration
  - Hypovolemia
  - Seizures
  - Ectopic pregnancy

The New Hampshire Bureau of EMS has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. These protocols, policies, or procedures MAY NOT BE altered or modified.