Syncope
Outpatient Clinical Pathway

Patient presents after Syncope

Children's Physicians Medical Group

Collapse **without** LOC? YES → Consider causes of hypotension, medication or toxic effect, fall

NO

Any of the following present?
- Syncope during exertion?
- Abnormal cardiac PE or known structural heart dz?
- Chest Pain and/or palpitations at time of syncope?
- Family History of unexplained death, arrhythmia, or sudden cardiac death?

YES → EKG, Cardiology Consultation

NO

Upright Posture and Prodromal Symptoms before LOC? NO → Neurology Consultation, Consider EEG
(see Prodromal Symptoms at right)

YES

Body jerking/shaking for >15 seconds? YES → Neurology Consultation, Consider EEG
Brief body stiffening or jerking is typical with syncope

NO

Disorientation/Somnolence/Confusion After for >30s? Mild physical fatigue and momentary confusion is common after syncope YES → Neurology Consultation, Consider EEG

NO

New Neurological Exam abnormality? Evidence of high ICP (papilledema)? YES → Emergency Dept Referral, Urgent Imaging

NO

Typical Vasovagal Syncope Trigger present? YES → Counsel – avoid triggers, lie or sit if recurs
See box at right

Pathway Exclusion Criteria:
- Very ill-appearing
- Significant CNS Disease
- Needing CPR
- Significant medical comorbidities

Typical Vasovagal Triggers:
Injection; Needle poke; See blood; Hair-grooming; Earring insertion; Overheating; Fasting; Abrupt Pain; Shock or Surprise; Nausea; Prolonged Standing; Valsalva

Prodromal Symptoms
Provider MUST ask about each of these:
- Lightheadedness
- Pallor, Diaphoresis,
- Mild generalized weakness, Tremulousness
- Vision changes - Fogging, greying, blackout

Additional Syncope Counseling
Increase hydration; eat regular meals; increase salt intake; consider stress management

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Rady Children's Specialists of San Diego