

SYNCOPE

Syncope is a sudden and brief period of unconsciousness that typically, is not life threatening and is not prejudiced to age. There are times however, that syncope is a result of life threatening problems. Symptoms that occur just prior to or following the episode may provide important clues as to the cause of the syncope. The objective, when taking a history, is to determine the cause of the incident and if there is an immediate threat to the patient. If the patient is unstable, time on scene should be minimized and witnesses who can assist with gathering a good history may need to accompany you to the hospital.

What Should I Ask My Patient?

- What activity were you participating in prior to the syncope?
- Did you experience any warning (aura) before the syncope?
- Have you been eating and drinking properly?
- Did you have any prior chest pain (evaluate with OPQRST)?
- Did you have any trouble breathing prior?
- Did you consume any alcohol recently?
- Any recreational/illicit drug use (cocaine, amphetamines, OTC products, etc.)?
- Were there any psychological stresses (scared, tired, disturbing events, etc.)?
- Was there nausea or vomiting prior?
- Did you have a headache prior (evaluate with OPQRST)?
- Did you have any palpitations or a feeling of a racing heart?
- Gather AMPLE information.

What Should I Ask Witnesses?

- What activity was patient participating in prior to the syncope?
- What was the patient's skin color just prior to the episode?
- How quick was the onset of the syncope?
- How long did the unconsciousness last?
- Was there any seizure activity? (*See section on Seizures*)
- Did you notice if the patient was unsteady on his/her feet?
- Did you notice any weakness or facial drooping?
- Did the patient have difficulty speaking prior to the episode?
- Did the patient ingest anything prior to the episode (such as food, drugs or alcohol)?
- Has the patient been under any unusual or extreme emotional stress?