I. Policy Summary
To provide guidelines on how to respond to patients with Altered Level of Consciousness/Syncope.

II. Definitions
Refer to Standard Definitions Guide.

III. Policy
This policy is to guide staff members and ensure that they are adequately equipped to respond appropriately and competently to patients having Altered Level of Consciousness/Syncope.

Vasovagal syncope is usually due to emotional stress related to fear or pain (e.g., having blood drawn or an injection). Patients may experience the following symptoms:
- Fall in blood pressure
- Dizziness
- Nausea
- Diminished vision
- Slow pulse
- Skin pallor, perspiration
- May progress to loss of postural tone and consciousness

IV. Responsibility
All Faculty Practice Locations staff.

V. Procedures
A. When a patient presents with symptoms of syncope, consult with physician, provide updates, and follow his/her directions while following these guidelines:
   1. Protect patient from fall injury.
   2. Position the patient in the recumbent position with legs elevated. Loosen tight clothing at the neck and waist. If the patient does not immediately regain consciousness, call 911 for EMS support and consider lateral positioning to prevent aspiration or airway obstruction. Consider administering oxygen. If sitting, do not lower head by bending at waist (may
further compromise venous return to heart).
3. Monitor blood pressure and pulse. If these return to baseline normal for that patient and the patient regains consciousness and has no persistent complaints or abnormal signs/symptoms continue to observe the patient for at least 20 minutes.
4. Do not give anything by mouth or allow the patient to resume an upright position until feeling of weakness has passed.

B. Patient may leave the clinic when able to take oral fluids and ambulate independently (unless non-ambulatory as baseline), and has no complaints or symptoms.

C. If patient does not stabilize, call 911 for EMS transport to closest appropriate hospital Emergency Department.

D. Signs and symptoms of instability requiring hospital evaluation:
   1. Persistent hypotension.
   2. Cardiac arrhythmia (including bradycardia or tachycardia).
   3. Persistent altered level of consciousness.
   4. Persistent complaints (e.g., dizziness, chest pain, difficulty breathing, abdominal pain).
   5. Any injury sustained during episode.

E. Patient Education/Counseling
   1. Emphasize the importance of staying well hydrated.
   2. Advise patient to resume normal activity.
   3. Advise patient to call 911 for any chest or abdominal pain, difficulty breathing, dizziness or weakness or any recurrence of “fainting.”

VI. Forms/Attachments (Not Applicable)

VII. Related Information (Not Applicable)

VIII. Revision History
   New 3/2016

   Approval(s):

   Compliance Committee (07/19/2016)