Syncope

1. Assess for mechanism of injury, if trauma sustained, refer to **General Trauma-Treatment Protocol.**
2. Follow **General Pre-Hospital Care-Treatment Protocol.**
3. Pediatric patients (≤ 14 years of age) utilize MI MEDIC cards for appropriate medication dosage. When unavailable utilize pediatric dosing listed within protocol.
4. Position patient
   A. If third trimester pregnancy, position patient left lateral recumbent.
   B. Supine for all other patients
5. Check blood glucose (may be MFR skill, see **Blood Glucose Testing-Procedure Protocol**)
6. If altered mental status perform stroke assessment and evaluate for stroke per **Stroke/Suspected Stroke-Treatment Protocol**
7. If altered mental status, refer to **Adult or Pediatric Altered Mental Status-Treatment Protocol**.
8. For signs of dehydration or hypotension, administer **NS** or **LR** IV/IO fluid bolus (refer to **Vascular Access and IV Fluid Therapy-Procedure Protocol**).
   A. Adults: up to 1 liter
   B. Pediatrics: up to 20 mL/kg
9. Hypotensive/dehydrated patients should receive additional IV/IO fluid boluses, as indicated by hemodynamic state.
   a. Adults: repeat IV/IO fluid bolus to a maximum of 2 liters.
   b. Pediatrics: repeat dose of 20 ml/kg to a maximum of 40 ml/kg
   c. Monitor for pulmonary edema.
   d. If pulmonary edema presents, stop fluids and contact Medical Control for direction.
10. Obtain 12-lead ECG (Per MCA selection, may be a BLS or Specialist procedure) follow **12 Lead ECG-Procedure Protocol**. If ECG indicates cardiac event or dysrhythmia, refer to appropriate Cardiac Protocol.
11. Contact medical control for additional IV fluids.