










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.