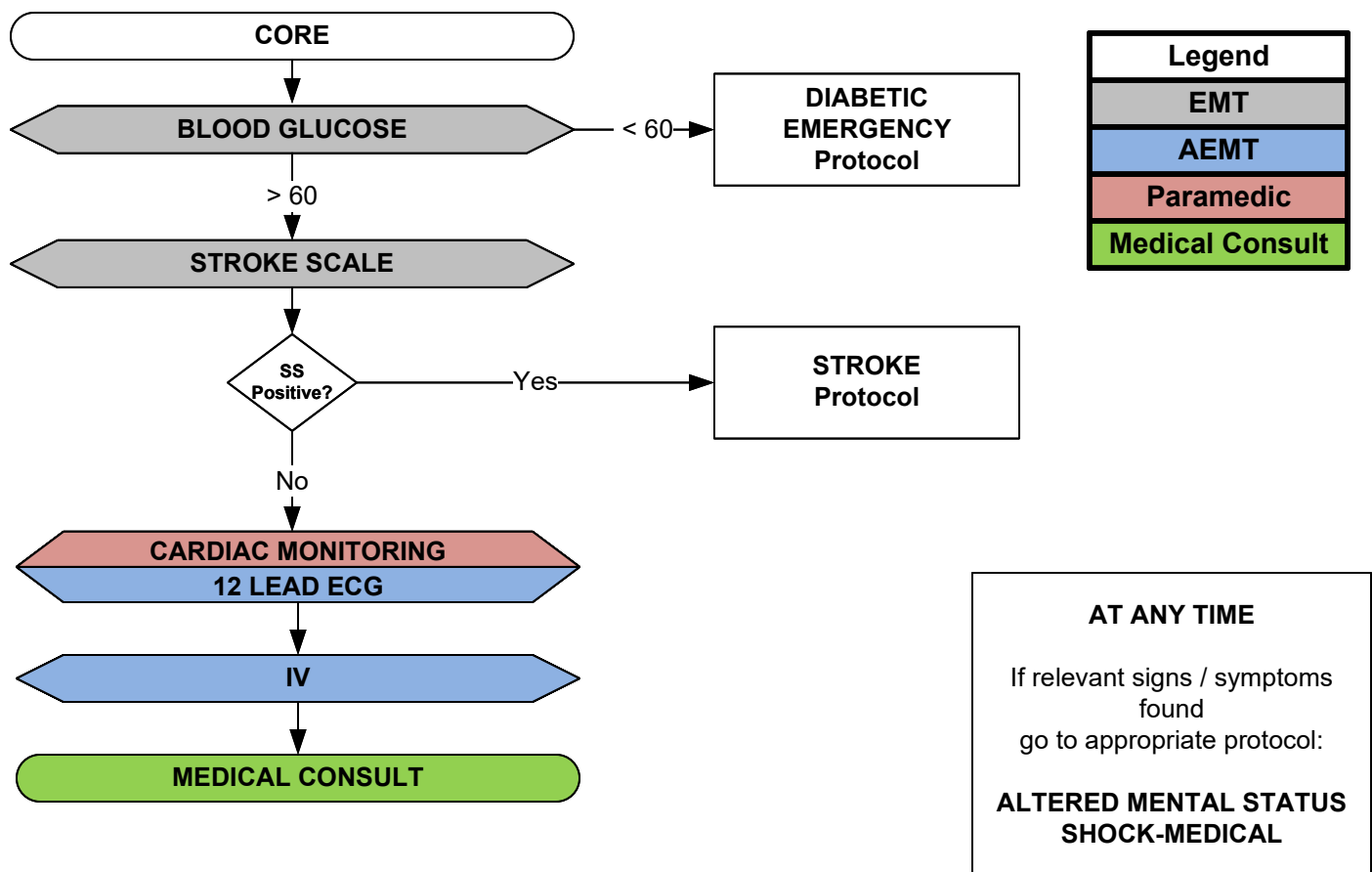


SYNCOPE / WEAKNESS

History: - Cardiac history, stroke, seizure - Occult blood loss (GI, ectopic) - Females: LMP, vaginal bleeding - Fluid loss: nausea, vomiting, diarrhea - Syncope history: Exertional/vasovagal - Anxiety/psychiatric illness - SAMPLE	Signs and Symptoms: - Loss of consciousness with recovery - Lightheadedness, dizziness - Palpitations, slow or rapid pulse - Pulse irregularity - Decreased blood pressure - Weakness "Fainting"	Differential: - Vasovagal - Orthostatic hypotension - Cardiac syncope - Micturition / Defecation syncope - Psychiatric - Stroke - Hypoglycemia - Seizure - Shock - Toxicologic (Alcohol/drugs) - Medication effect (hypotension)
---	---	---



Pearls:

- Assess for signs and symptoms of trauma if associated or questionable fall with syncope.
- Orthostatic blood pressure should be assessed when suspicious of volume deficit.
- Consider dysrhythmias, GI bleed, ectopic pregnancy, and seizure as possible causes of syncope.
- Major cause of geriatric syncope is secondary to cardiac dysrhythmia.
- Passive leg raising (PLR) may be helpful addressing hypotension and should be considered prior to fluid bolus. PLR is straight passive elevation of both legs above cardiac level with patient in a supine position.
- Patients over 40 years-old with 3 or more major cardiac risk factors i.e.-tobacco (packs per day x years), hypertension, hyperlipidemia, genetics (mother, father, brother, or sister had MI or CABG prior to age 55), cocaine use, diabetes, should have a 12 lead ECG performed.