

TREATMENT:

- A. Treat per Universal Patient Care.
- B. Obtain BG and temperature.
- C. Monitor cardiac rhythm. Obtain a 12 lead ECG ASAP regardless of age. Attempt to obtain within 10 min from first medical contact.
- D. Establish IV access for suspected dehydration and give fluid bolus of 500 ml, repeat prn.
- E. Perform full secondary exam.
- F. Treat per appropriate protocol based on findings.

KEY CONSIDERATIONS:

- A. Syncope can have many causes; perform full work up on every patient.
- B. Although many pediatrics and young adults have syncope caused by dehydration, vasovagal, or overdose a full 12 lead is still required. Consider outlier events such as Hypertrophic Cardiomyopathy, Brugada syndrome, Arrhythmogenic Right Ventricular Cardiomyopathy, PE or others in unexplained syncope or near syncope in pediatrics.
- C. Be very wary of exercise induced syncope.
- D. Strongly consider transporting all syncope patients.