Adult Emergency Nurse Protocol

NSW GOVERNMENT | Health
South Eastern Sydney
Local Health District

SYNCOPE

SESLHDPR/392

Aim:

- Early identification and treatment of life threatening causes of syncope, which are outlined in the escalation criteria.
- Early initiation of treatment / clinical care and symptom management within benchmark time.

Assessment Criteria: On assessment the patient may have one or more of the following signs / symptoms:

- History of faint / brief LOC
- Light headedness / weakness
- Diaphoresis
- Confusion / anxiety
- Nausea or vomiting
- Blurry or dim vision

Escalation Criteria: Immediate life-threatening presentations that require escalation and referral to a Senior Medical Officer (SMO):

- Chest pain
- Shortness of breath / PE
- Suspected Stroke / TIA
- Hypotension and/or tachycardia
- Haematemesis or Malaena
- Abdominal distension / rigidity
- Cardiac Arrhythmia
- Suspected Ectopic pregnancy
- Seizures / Postictal

Primary Survey:

- Airway: Patency
- Circulation: Perfusion, BP, Heart Rate, Temperature
- Breathing: Resp Rate, accessory muscle use, air entry, SpO_2.
- Disability: GCS, pupils, limb strength

Notify CNUM and SMO if any of the following red flags is identified from Primary Survey and Between the Flags criteria.[1]

Airway - at risk
- *Partial / full obstruction*

Disability - decreased conscious level
- *GCS ≤ 14 or any fall in GCS by 2 points*

Breathing - Respiratory distress
- *RR < 5 or >30 /min*
- *SpO_2 < 90%*

Exposure
- *Temperature < 35.5°C or > 38.5°C*
- *BGL < 4mmol/L or > 20mmol/L*

Circulation – shock / altered perfusion
- *HR < 40bpm or > 140bpm*
- *BP < 90mmHg or > 200 mmHg*
- *Capillary return > 2 sec*
- *Postural drop > 20mmHg*

History:

- Presenting complaint
- **A**llergies
- **M**edications: Anticoagulant Therapy, Anti-hypertensives, Diabetic meds, Analgesics, Inhalers, Chemotherapy, Non-prescription meds, any recent change to meds. Medications administered prior to presenting.
- **P**ast medical past surgical history relevant
- **L**ast ate / drank and last menstrual period (LMP)
- **E**vents and environment leading to presentation i.e. Red flags – palpitations, syncope with exercise, chest pain, palpitations, back pain, haematemesis / melaena before the syncopal episode.
- Pain Assessment / Score: **PQRST** (Palliating/ provoking factors, Quality, Region/radiation, Severity, Time onset)
- Associated signs / symptoms: chest pain, palpitations, low blood pressure, dizziness, lightheadedness, any associated injuries

Systems Assessment:

Focused cardiac and neurological assessment: *Inspection / Palpation / Auscultation*
Identify location of pain i.e. look for any signs of injury or illness.

- Postural BP should be checked in the upper extremities bilaterally in supine and standing positions.
- An ECG must be completed on all patient presenting with syncope.
- Pulse rate and rhythm are useful in the diagnosis of arrhythmias and Pulmonary Embolism.
- Presence of sensory, motor, speech, and vision deficits suggests an underlying neurological problem.
- A full GCS should be completed including limb strength and pupillary response.

Notify CNUM and SMO if any of the following red flags is identified from History or Systems Assessment.

- Chest pain / palpitations
- ST Segment changes on ECG
- Decreased LOC
- Elderly > 65years
- Anticoagulant therapy
- Acute confusion / agitation
- Postural drop > 20mmHg
- Severe headache
- Trauma head / neck

Investigations / Diagnostics:

Bedside:

- BGL: If < 4mmol/L or > 20mmol/L notify SMO
- ECG: look for Arrhythmia , ST segment changes
- Urinalysis / MSU and βHCG
- Postural Blood Pressure and HR (a BP difference of >20mmHg is clinically significant)

Laboratory / Radiology:

- **Pathology**: Refer to local nurse initiated **STOP**
  Quantitative ßHCG if urine positive for same
  Group and Hold (if bleeding suspected)
  Blood Cultures (if Temp≥38.5 or ≤35°C)
- **Radiology:** Refer to local nurse initiated **STOP**

Nursing Interventions / Management Plan:

Resuscitation / Stabilisation:

- Oxygen therapy and cardiac monitor [as indicated][2]
- IV Cannulation (consider large bore i.e. 16-18gauge)
- IV Fluids: Sodium Chloride 0.9% 1 L IV stat versus over 8 hours *(discuss with SMO)*

Symptomatic Treatment:

- **Antiemetic:** as per local nurse initiated standing order
- **Analgesia:** as per local nurse initiated standing order
- **IV Fluids:** as per local nurse initiated standing order

Supportive Treatment:

- Nil By Mouth (NBM)
- Monitor vital signs as clinically indicated (BP, HR, T, RR, SpO_2)
- Monitor neurological status GCS hourly
- Fluid Balance Chart (FBC)
- Monitor pain assessment / score

Practice Tips / Hints:

- When a patient presents to the emergency department, it is important to screen for potential life-threatening causes of syncope, identified. A detailed account of the event should be taken from the patient / witness. [3]
- Precipitating factors, signs and symptoms, patient's position at the time of event, duration of syncope, recovery time, and family history are all important points to be considered. [3]
- Red flag symptoms of potentially life-threatening causes of syncope are syncope with exercise, chest pain, palpitations, back pain, or haematemesis, and melaena before the syncopal episode. [3]
- Reflex or vasovagal syncope are common and generally transient. They result from a temporary interruption to cerebral blood flow due to vasodilation and/or bradycardia. They can result from activities such as holding your breath, fatigue, heat, severe pain, starvation, alcohol consumption, emotional or stressful situations or prolonged standing. The patient usually complains of symptoms of feeling weak, nauseated, diaphoretic, or blurred vision. [3-6]

Further Reading / References:

1. Recognition and management of patients who are deteriorating (PD2020_015). Available from https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_018.pdf
2. Cardiac Monitoring of Adult Cardiac Patients in NSW Public Hospitals (GL2016_19). Available from https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2016_019.pdf
3. BMJ Best Practice - Assessment of Syncope (2017). Accessed from http://bestpractice.bmj.com.acs.hcn.com.au/topics/en-gb/248
4. Syncope in Adults, UpToDate, Mar 2021, available from https://www.uptodate.com.acs.hcn.com.au/contents/syncope-in-adults-clinical-manifestations-and-diagnostic-evaluation?source=search_result&search=syncope&selectedTitle=1~150
5. Shen WK, Sheldon RS, Benditt DG, et al. (2017) ACC/AHA/HRS Guideline for the Evaluation and Management of Patients With Syncope: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines, and the Heart Rhythm Society. J Am Coll Cardiol.
6. Reflex Syncope in Adults: Clinical Presentation and diagnostic evaluation, Mar 2021 (UpToDate - Accessed from https://www.uptodate.com.acs.hcn.com.au/contents/reflex-syncope-in-adults-clinical-presentation-and-diagnostic-evaluation?source=see_link

Acknowledgements: *SESLHD Adult Emergency Nurse Protocols were developed and adapted with permission from:*

- Murphy, M (2007) Emergency Department Toolkits. Westmead Hospital, SWAHS
- Hodge, A (2011) Emergency Department, Clinical Pathways. Prince of Wales Hospital SESLHD.

Revision and Approval History

Date	Revision No.	Author and Approval
September 2013	0	Developed by Rhonda Wainwright - Clinical Nurse Consultant, Emergency Sydney Hospital
December 2013	1	Edited by Leanne Horvat - Clinical Stream Nurse Manager, Emergency / Critical Care; Emergency Stream CNC/ NE Working Group SESLHD
February 2014	2	Endorsed by: SESLHD Emergency Clinical Stream Committee on 20 February 2014
May 2014	3	Endorsed by SESLHD District Clinical & Quality Council meeting on 14 May 2014 (T14/36288)
September 2014	4	Endorsed by: SESLHD District Drug & QUM Committee meeting on 11 September 2014
November 2017	5	Reviewed by R. Cummins Acting CNC, Emergency St George Hospital

January 2018	5	Processed by Executive Services prior to submission to DQUM.
February 2018	5	Endorsed by: SESLHD Drug & Quality Use of Medicine Committee
April 2021	6	Updated by Wayne Varndell, Clinical Nurse Consultant, Prince of Wales Hospital Emergency Department
May 2021	6	Approved by Executive Sponsor.
June 2021	6	Endorsed by: SESLHD Quality Use of Medicine Committee