

Syncope Pathway

CHILDREN'S PHYSICIANS CLINIC



Inclusion Criteria:

- Patient presenting with syncope or near syncope event

Exclusion Criteria:

- Sepsis
- Shock
- Congenital heart disease
- Central nervous disease
- Previous cardiac surgery
- Epilepsy

Ω History and Physical Red Flags

Situational History

- Syncope (w/o dizziness) that occurs:
- Without warning or during exercise
 - Preceded by chest pain or palpitations
 - Prolonged low frequency, high amplitude, clearly rhythmic extremity jerking
 - Fecal or urinary incontinence or lateral tongue biting
 - Post-ictal state of confusion/incoherence lasting >15 mins to hours
 - Focal neurologic sign following syncope
 - Stiffening or definitive head or eye deviation PRIOR TO syncope

Family History

- Cardiomyopathy
- Sudden death < 50 years
- Channelopathy
- Pacemaker or defibrillator

Physical Exam

- Pathologic murmur
- Hepatosplenomegaly
- Loud S2
- Abnormal neuro exam finding

Refer to Cardiology for:
Syncope that is accompanied by and of the following:

- During exercise or syncope with palpitations
- Preceded by chest pain
- Physical injury from a sudden fall or near drowning
- Murmur
- Any patient with syncope and a known history of structural heart disease
- Syncope and dyspnea with exertion
- Syncope and abnormal ECG
- Family history of sudden death, cardiomyopathy, channelopathy, or pacemaker/defibrillator

Refer to Neurology for:

- Seizure activity with postictal state
- Focal neurologic sign following syncope

Refer to Adolescent Medicine for:

- Age 11-21 years
- Presents primarily as syncope, pre-syncope or lightheadedness (without red flags)
- Potential for anxiety, depression, or other mood related factors
- Orthostatic Intolerance related concerns including: orthostatic hypotension, postural vasovagal syncope, POTS, low BMI, recent weight loss
- Concern for relation to heavy menses and potential iron deficiency anemia

Patient presents with syncopal or near syncopal episode

Does the patient have any red flags? Ω

Was the workup negative?

- Order ECG
- Rehydrate with up to 80-100 oz water/day or as appropriate
 - Consider for small children, recommending hydrating with number of ounces per day equal to their weight in kg
- Increase salt intake ("healthy, salty snacks")
- Avoid caffeine
- Daily exercise routine
- Consistent sleep and daily routine
- Breakfast, lunch, dinner, and 2 snacks
- Appropriate stress management strategies

Has patient failed rehydration > 1 week?

Complete a CBC & ferritin

Is Hgb, Hct, MCV, & RDW appropriate for age and gender* and ferritin ≥ 25?

- Prescribe ferrous sulfate or ferrous gluconate 3-6 mg/kg/dose ordered daily or every other day
- Recheck ferritin levels in 3 months
 - Goal: ferritin > 50 mg
- Continue with rehydration
- Follow up with a repeat Hgb in 2 weeks

- BP check 1-2 times/week for 2 weeks
- Follow up in 2 months

*** Female CBC normal values for age**

FEMALE	UNITS	6M-2Y	3-6Y	7-12Y	13Y-
HGB	g/dL	10.4-12.4	10.7-12.7	10.9-13.3	12.1-15.6
HCT	%	31.2-37.2	32.0-37.1	33.0-36.9	34.3-46.6
MCV	fL	71.5-81.8	73.8-84.3	76.8-87.6	77.8-94.0
RDWSD	fL	NONOR	NONOR	NONOR	36.4-46.3

*** Male CBC normal values for age**

MALE	UNITS	6M-2Y	3-6Y	7-12Y	13Y-
HGB	g/dL	10.3-12.4	10.5-12.7	11.0-13.3	14.6-17.5
HCT	%	30.9-37.0	31.7-37.7	32.7-39.3	40.8-51.9
MCV	fL	70.5-81.2	72.7-83.6	75.9-86.5	77.8-94.0
RDWSD	fL	NONOR	NONOR	NONOR	35.1-43.9



Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

ChildrensNebraska.org/Pathways

Updated 2/2024