



Approach to the Syncope

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← Emergency



BASIC EMERGENCY CARE (BEC)

A New Global Health Framework

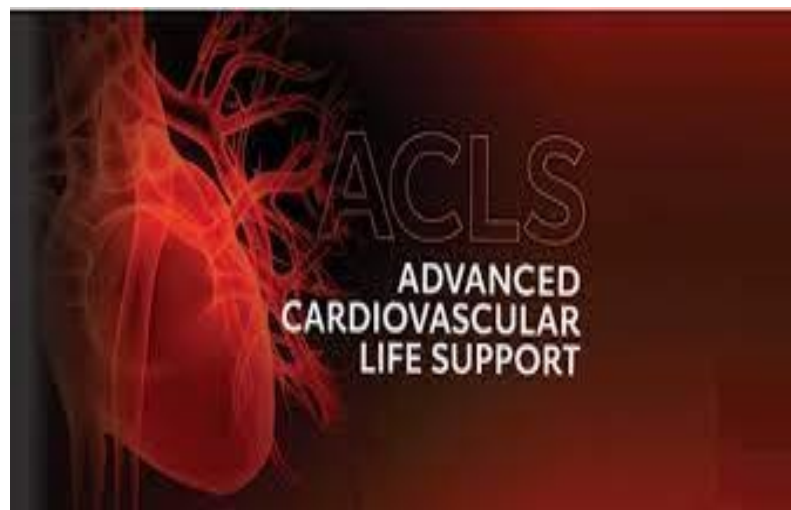
John Austin Lee, USA



American
Heart
Association®

ACLS

Advanced
Cardiac
Life
Support



Primary survey



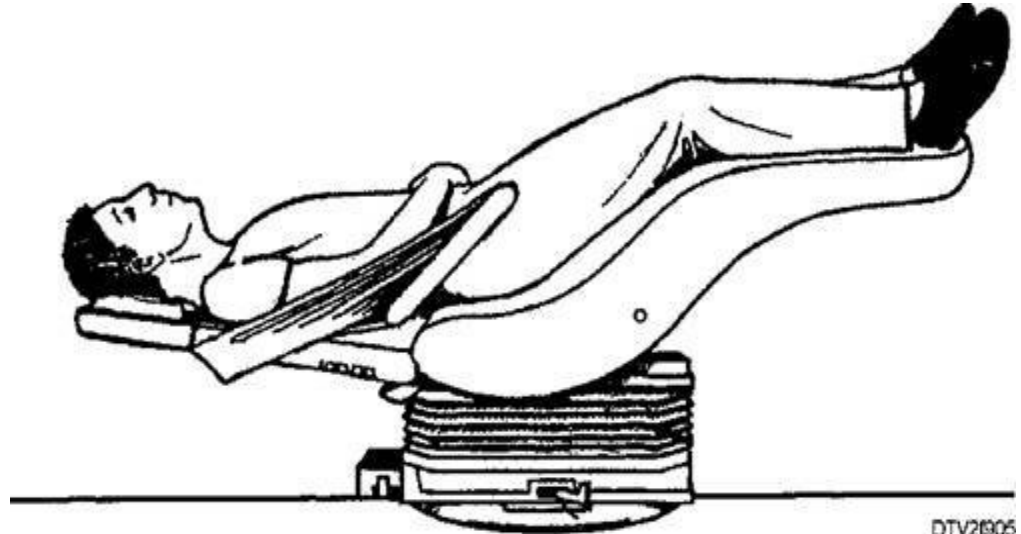
- A** Airway
- B** Breathing
- C** Circulation
- D** Disability
- E** Exposure

The ABCDE
Approach
To
Deteriorating
Or
Critically Ill Patients

Position

Goal- optimize blood flow to brain

- Conscious: semi-supine/comfortable
- Unconscious: supine or Trendelenburg (feet elevated)



Airway Assessment

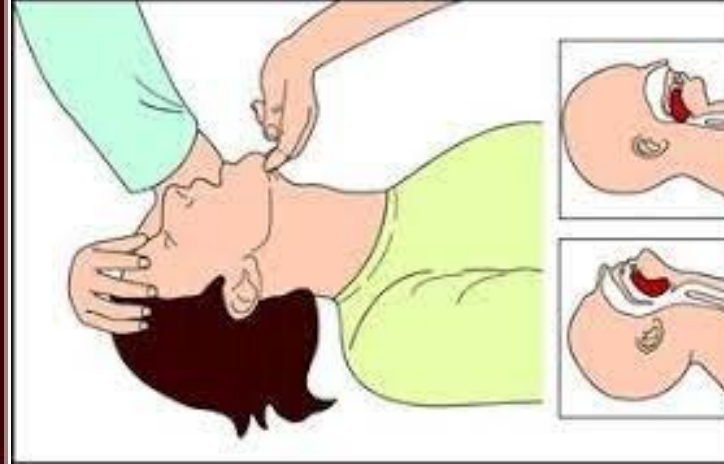


A

Airway Management



A



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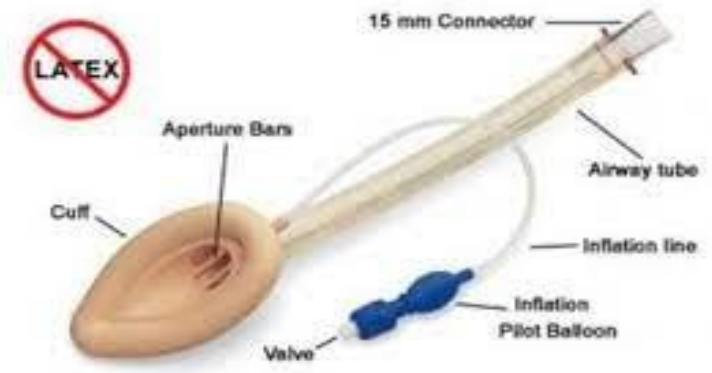
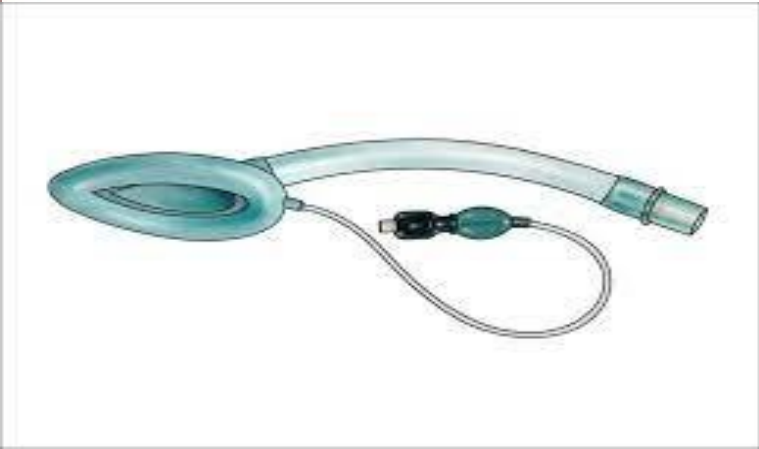
Airway Management



A



Airway Management



Breathing: Assessment

Breathing assessment

Look

- Respiratory rate
- Symmetrical chest movement
- Respiratory distress
- Paradoxical breathing (in trauma)

Listen

- Air entry on both sides of chest (decreased or absent breath sounds indicate chest pathology)

Feel

- Tracheal shift
Opposite side: Hemothorax, pneumothorax
Same side: Lung collapse
- Chest wall tenderness
- Percussion on the side with decreased air entry
Hyperresonant: Pneumothorax, Dull: Hemothorax



B

Breathing: Management

Steps	Actions	Descriptions
1	Evaluate oxygen requirement	Following patient requires oxygen therapy 1. Respiratory rate more than 20 breath per minute 2. Oxygen saturation less than 94% in room air
2	Determine initial oxygen flow rate	1. RR 20-30 per minute: Give oxygen at 1-5 litres per minute 2. RR 30-40 per minute: Give oxygen at 6-10 litres per minute 3. RR more than 40 per minute: Give oxygen at 10-15 litres per minute
3	Choose appropriate oxygen delivery device	Start on 4. Nasal Prongs: 1-5 litres per minute (RR Up to 20-30 per min) 5. Face mask: 6-10 litre per minute (Up to 30-40 per min) 6. Non-rebreathing mask: 10-15 litre per minute (More than 40)



B

Breathing: Management



B



O₂ delivery technique

Flow rate (L/minute)

Concentration delivered (%)

Nasal cannula

1–6

24–44



Simple face mask

6–10

35–60



Face mask with O₂ reservoir

12–15

60–90

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Breathing: Management



B





Circulation: Assessment

Look for signs of poor perfusion

Low blood pressure



Tachycardia



Delayed capillary refill





Circulation: Management

If poor perfusion:

- Insert 2 large cannulas
- GIVE IV FLUIDS





D

Disability: Assessment

A

The patient is awake.

V

The patient responds to verbal stimulation.

P

The patient responds to painful stimulation.

U

The patient is completely unresponsive.





Disability: Management

If altered mental status, ABCDEs otherwise normal

- place in RECOVERY POSITION

If altered mental status, low glucose or if unable to check glucose

- Give GLUCOSE

If actively seizing

- Give BENZODIAZEPINE

If pregnant and seizing

- Give MAGNESIUM SULPHATE



Recovery position



D

Disability: Management

If small pupils and slow breathing,
consider opioid overdose

- Give NALOXONE

If unequal pupils, consider increased
pressure in the brain

- RAISE HEAD OF BED 30 DEGREES
- Plan for early TRANSFER/ REFERRAL



Exposure: Assessment

Examine the entire body for hidden injuries, rashes, bites or other lesions

- Rashes, such as hives, can indicate an allergic reaction
- Other rashes can indicate infection



Exposure: Management

General exposure considerations

- REMOVE constricting clothing and jewelry
- COVER the patient to prevent hypothermia
- PREVENT hypothermia - Remove wet clothing and dry patient thoroughly
- Respect the patient's modesty

Syncope

Definition: temporary loss of consciousness (fainting)

Causes: Cessation of blood flow to the brain

- Non cardiac
 - Vasovagal
 - Pain and anxiety
- Cardiac
 - Orthostatic
 - Dehydration and hypovolemia
 - Arrhythmia
 - Elderly (blunted baroreceptor response)
- Medications
- Hypoglycemia
- Unknown

Syncope

Symptoms:

- Pale Ashen-Grey Appearance
- Sweaty
- Nausea
- Eyes Dilate
- Convulsive Movements / twitching

Treatment:

- Position: Supine/feet elevated (usually respond in < 60 seconds)
- Airway: Head tilt/jaw thrust
- Breathing: Administer 100% oxygen (positive pressure is rarely needed)
- Circulation: Monitor vitals (HR, BP)
- Drugs (rarely needed)

Atropine adult 0.5 mg/Peds 0.02 mg/kg) IM/IV (bradycardia)

Emergency Kit



Thank you

