Neurology



Community provider guidelines for managing syncope

Commonly asked questions	Answers and guidelines
What is syncope?	 Syncope is used to describe a loss of consciousness for a short period of time. It can happen when there is a sudden change in the blood flow to the brain. Syncope is usually called 'fainting' or 'passing out'. Syncope can happen in healthy subjects. It affects all ages. People affected will slowly return to normal.
What are the associated symptoms of syncope?	 Feeling dizzy Feeling lightheaded Palpitation Feeling like they have to vomit Vision that becomes unclear or blacks out Cold or clammy skin
What to do if I encounter a person with syncope?	• First, make sure the person is still breathing after they faint. The individual should lie down flat for 10 to 15 minutes if they can in a cool, quiet area. If this is not possible, they should sit up with their head between their knees. Sipping on cold water can also help. People tend to recover within a few minutes.
Should I order a Brain MRI, EEG test, or refer them to neurology clinic?	MRI and EEG are usually not needed for patients with syncope. Evaluating the patient for lifestyle risk factors and identifying triggers, especially those causing stress/anxiety, can help mitigate these symptoms. Referral to a psychologist and therapy can often be beneficial for patients with triggers related to stress and anxiety.
Does syncope need to be treated with anti-seizure medication?	No, we do not treat patients with syncope with anti-seizure medication as the underlying cause is not due to epileptic discharges (seizures) from the brain. Syncope occurs due to factors that cause inadequate cerebral perfusion, for example low blood pressure.
What conservative / non- medication options do I have to treat syncope?	• Emphasis should be given on healthy lifestyle modifications that include good hydration, avoiding caffeinated and sugary beverages, and avoiding prolonged periods of fasting (don't skip meals). Added salt in the diet can help improve low blood pressure. Consider a cardiology referral if symptoms prevail despite conservative measures.