

Where Am I? And Who Are You?



UNIVERSITY
OF **TEXAS**
PHYSICIANS
CENTRAL TEXAS

Syncope in the Pediatric Patient

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Objectives

- **Discuss the initial evaluation of syncope**
- **Distinguish between syncope and non-syncope**
- **Review treatment of pediatric syncope**

Syncope

- ***Synkoptein-* “to cut short”**
- **Temporary loss of consciousness/postural tone**
- **Sudden reduction of substrate delivery to brain**

Syncope

- **3% of ED visits**
- **Peak ages 15-19**
- **Females more than males**
- **50% of all teenagers**
- **Arrive awake**

L.H. , 14 y.o. female, who experienced a 2 minute long syncopal event while in PE. Per bystanders, she collapsed while running. She was awake and somewhat alert upon EMS arrival.

T 99.6 P 103 RR 18 BP 119/72 D-stick 85

Upon arrival, a history and physical are performed which are both unremarkable.

Vitals continue to be WNL on the monitor.

Differential of Syncope - 3 F's

- **Fits, Faints or Fakes**
- **Seizure**
- **True Syncope**
- **Hysterical pseudo-loss of consciousness**

Identify Warning Signs

- **History and Physical**
- **Laboratory Evaluation**
- **Admit/Discharge with close follow-up**

Emergent Evaluation

- **History and Physical**
 - **Monitored Bed**
 - **EKG**
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- **cbc/lytes**
 - **carboxyhemoglobin**
 - **toxicology screen**
 - **upt**

True Syncope

- **Autonomic (vasovagal)**
- **Cardiac**
- **Metabolic**

After 45 minutes, the work-up is complete.

Parents are now at the bedside, and do not offer any further explanation as to their daughter's syncopal episode.

The patient's vitals continue to be within normal limits.

Based on the results of the work up, the patient is admitted to the floor for further evaluation.