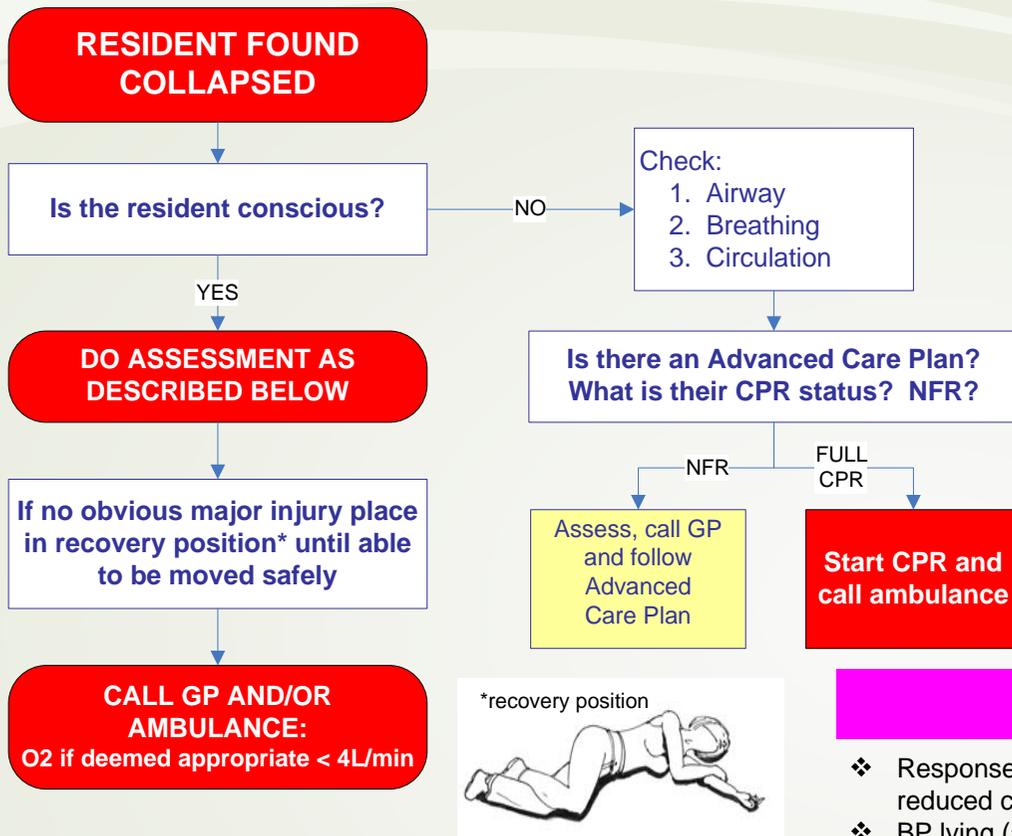


SYNCOPE AND COLLAPSE CARE GUIDE



POSSIBLE CAUSES OF COLLAPSE

- ❖ Tachycardia, bradycardia, arrhythmia, heart defects, heart failure, heart attacks
- ❖ Vasovagal (common faint)
- ❖ Orthostatic hypotension
- ❖ Dehydration
- ❖ Hypo/hyperglycaemia
- ❖ Hypo/hyperthyroidism
- ❖ Stroke/TIA
- ❖ Epilepsy
- ❖ Anaemia
- ❖ Infection
- ❖ Medication/ alcohol
- ❖ Panic/anxiety attack
- ❖ Heat stroke
- ❖ COPD, emphysema, SOB, excessive coughing
- ❖ Inner ear problem

ASSESSMENT

- ❖ Response to stimuli (if loss of, or reduced consciousness)
- ❖ BP lying (and sitting if able), pulse, respiratory rate, O2 sat if available
- ❖ Capillary glucose
- ❖ Check for injury and treat: bleeding, cuts, grazes, limb deformity and swelling, palpate for pain and check for decreased range of motion (if conscious and able to actively move limbs)
- ❖ Temperature
- ❖ Orientation to time, place and person (compared to normal)
- ❖ Events and circumstances prior to episode if available e.g. position, activity, predisposing factors, precipitating events
- ❖ Symptoms prior to, or at the onset of episode e.g. nausea, sweating, chest pain
- ❖ Details of episode e.g. duration, breathing patterns, movements
- ❖ End of episode e.g. pain, confusion, muscle aches, colour, injury, incontinence
- ❖ ECG if available
- ❖ Previous episodes
- ❖ Clinical history
- ❖ Medications

Is it a STROKE? Act FAST. Call GP and/or ambulance

 F FACE SMILE (Is one side droopy?)	 A ARMS RAISE BOTH ARMS (Is one side weak?)	 S SPEECH SPEAK A SIMPLE SENTENCE (Slurred? Unable to?)	 T TIME Lost time could be lost brain. Get to hospital FAST
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Revise Care Plan if frequent collapses – see 'Fracture Prevention' pg 21 to reduce injury in case of further collapse