Allergies & Sensitivities:
- No Known Allergies
  (Indicates automatic order. MD to draw line through orders to discontinue)

**SYNCOPE ADMISSION ORDERS**

Authorization is hereby given to dispense the generic/therapeutic equivalent unless otherwise indicated by the prescriber

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
<th>PRESCRIBER ORDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Care: Admit to:</td>
<td>Observation</td>
<td>Ambulatory surgery (ASU)</td>
</tr>
<tr>
<td>Location:</td>
<td>Med-Surg</td>
<td>Telemetry (Indication)</td>
</tr>
<tr>
<td>Diagnosis:</td>
<td>Syncope</td>
<td>Other diagnoses:</td>
</tr>
<tr>
<td>Admitting Physician:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition:</td>
<td>Stable</td>
<td>Fair</td>
</tr>
<tr>
<td>Consults:</td>
<td>Cardiology</td>
<td>Neurology</td>
</tr>
</tbody>
</table>

- Obtain Health Care Proxy if not available
- Old Records to unit
- Vital signs as per unit/floor protocol
- Vital signs q ___ hour X ___ hours
- Notify MD if: BP less than 90mmHg or greater than 170mmHg, HR less than 50/min or greater than 120/min, RR greater than 24/min, SPO2 less than 92%, Temp less than 95°F or greater than 101°F

1. ACTIVITY: | Bed rest | Bedrest / Bathroom privileges | OOB to chair | Ambulate |
2. DIET: | Regular | 2 gram Na * | Other |

3. NURSING ORDERS / ASSESSMENTS:
- Neuro Assessment: Neuro checks q ___ hour X ___
- Orthostatic B/P on admission and q shift for 2 days
- Cardiac Monitoring

4. RESPIRATORY: | O2 at ___ Liters/minute by ________ | Monitor O2 saturation and titrate oxygen per protocol |

5. IV INFUSION: | at ___mL/hr | Saline / Heparin Trap |
6. Medications: | |

7. LAB STUDIES: | If not done in the ED |
- CBC with diff. | PTT / PT / INR | BMP | Drug Levels: |
- UA – Routine & Microscopy | Urine Pregnancy Test | Stool For OB |

8. DIAGNOSTIC TESTS:
- X-ray Chest | EKG | Echocardiogram | EEG | Other: |

9. Venous Thromboembolism (VTE) Precautions: (May select more than one)
- Sequential Compression Device
- Heparin 5,000 units subcutaneously every 8 hours
- Heparin 5,000 units subcutaneously every 12 hours
- Enoxaparin (Lovenox) 40 mg subcutaneously daily
- Other
- No VTE Prophylaxis (Reason: | Not a candidate | Contraindicated | Other |

Prescriber Signature:

Dev: 5/08
CSC Form # 9068
Algorithm representing the emergency department approach to an adult patient with syncope

Syncope or Not?
  Yes
  ED evaluation
    - History
    - Examination
    - ECG
  Diagnosis established?
    Yes
    Syncope with clear cause
      Serious cause?
        Yes
        Appropriate management; Admission
        Cardiac syncope
          Arrhythmia
          Myocardial infarction
          Valvular heart disease
          Pericardial effusion
          Pulmonary embolism
          Neurologic syncope
          Subarachnoid hemorrhage
          Subclavian steal syndrome
          Transient ischemic attack
          Significant hemorrhage
          GI bleed
          Trauma
          Ruptured spleen
          Ruptured ectopic pregnancy
          Ruptured ovarian cyst
        Neurocardiogenic
          Vasomotor syncope
          Carotid hypersensitivity
          Situational syncope
          Medication related
          Orthostatic hypotension
        High risk criteria
          Abnormal ECG
          History of cardiac disease, especially presence of heart failure
          Persistently low blood pressure (systolic <90 mmHg)
          Shortness of breath with event or during evaluation
          Hematocrit <30 (if obtained)
          Older age and associated comorbidities
          Family history of sudden cardiac death
      No
        Likely discharge
        Discharge with follow up
    No
    Unexplained syncope
      Risk stratification
        High risk
        Admission for evaluation and cardiac monitoring
        Low risk and asymptomatic
    Appropriate management