

*Kathy Kuwale***STANDING ORDER****SYNCOPE (FAINTING)**

- I. Recognize that inmates may faint following an invasive medical procedure, such as a blood draw, or even 'seeing' blood may cause this reaction. It's important to lessen the potential for further injury to the patient.
- A. If an inmate becomes 'faint' during a procedure, stop the procedure; assist them to a safe position (to the chair, or floor as necessary). Do not leave the inmate until 10 minutes or so have elapsed, and they appear stable (alert, oriented, and can ambulate).

**II. Clinical Presentation**

- A. **Signs and Symptoms**....pale, 'feels' faint, vision diminishes or becomes 'tunnel-like', loss of consciousness, may have seizures. Pulse will be steady and respirations normal.

**III. Treatment**

- A. Have inmate sit with head down (or between knees) for several minutes. If unable to sit, lay inmate flat with their feet and legs elevated on towels or blanket.
- B. O<sub>2</sub> at less than 6 liters can be administered.
- C. Have patient rest for 10 minutes.
- D. Monitor vital signs.

**VASO-VAGAL REACTION****I. Clinical Presentation**

- A. May appear as fainting but:
1. Pulse is slow 30-50 beats per minute.
  2. Systolic blood pressure may be less than 90 mm/hg.
  3. May have seizure activity.
  4. May last longer than fainting.....10-15 minutes.

**II. Treatment**

- A. Have inmate lie down or assist to that position.
- B. Give O<sub>2</sub> at less than 6 liters per minute.
- C. If symptoms last more than 30 minutes, inmate should have medical work-up, and assess need to send to Emergency Department.
- D. Monitor vital signs.