## PRACTICAL PEARLS: Syncope

| INTRODUCTION | • Syncope is a common and generally benign complaint that is rarely associated with cardiac disease  
|             | • In the vast majority of pediatric patients, syncope is neurally-mediated and can be evaluated in a single visit with conservative management and reassurance  
|             | • Orthostatic vital signs add little to the initial evaluation  
|             | • [http://jaha.ahajournals.org/content/5/2/e002931.full](http://jaha.ahajournals.org/content/5/2/e002931.full) |

| INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE | • Perform a complete history and physical exam; family history is essential  
|                                                 | • Reassurance coupled with education of the condition should decrease anxiety and reduce missed school days  
|                                                 | • Non-Pharmacologic Management includes: Increasing sodium intake to 2-4g/day, increasing fluids to 2-3L/day, antigravity maneuvers and recognition prophylaxis |

| WHEN TO REFER | • Syncope during exertion  
|               | • Non innocent murmur.  
|               | • Family history in a first degree relative or multiple family members with hypertrophic cardiomyopathy, sudden cardiac death<50 years of age, or known ion channelopathy  
|               | • Abnormal ECG  
|               | • More severe symptoms: > 4 episodes that result in > 1 ER visit or > 3 missed school days in a year |

| HOW TO REFER | • (413) 794-KIDS Pediatric Cardiology |

| WHAT TO EXPECT FROM BAYSTATE CHILDREN’S HOSPITAL VISIT | • Comprehensive evaluation for cardiac cause of syncope when indicated  
|                                                       | • Patient guidance and reassurance in the setting of a normal well child |

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