## PRACTICAL PEARL: SYNCOPE

### INTRODUCTION
- Syncope is a common and generally benign complaint that is rarely associated with cardiac disease.
- In the vast majority of pediatric patients, typical neurally-mediated syncope (e.g., vasovagal, postural hypotension) can be evaluated by the PCP in a single visit with conservative management.
- Orthostatic vital signs add little to the initial evaluation.
- [https://pedsinreview.aappublications.org/content/37/4/159](https://pedsinreview.aappublications.org/content/37/4/159)
- [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.
- A complete family history is essential.
- Consider ECG.
- Reassurance at the first evaluation coupled with education of the condition should decrease anxiety and 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.
- If symptoms are more severe as evidenced by > 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.
- In the setting of a normal well child.