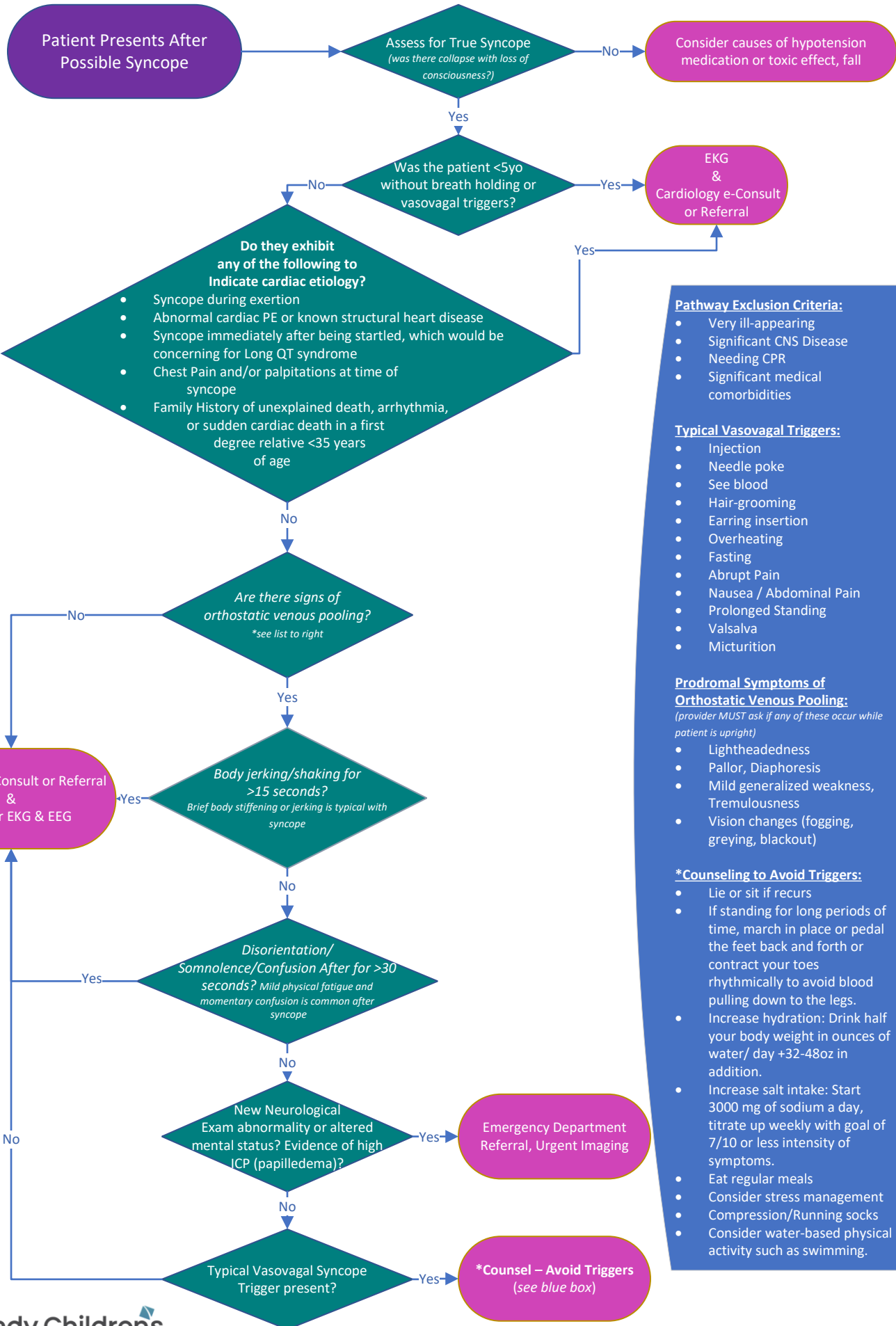


# Syncope Outpatient Clinical Pathway



**Pathway Exclusion Criteria:**

- Very ill-appearing
- Significant CNS Disease
- Needing CPR
- Significant medical comorbidities

**Typical Vasovagal Triggers:**

- Injection
- Needle poke
- See blood
- Hair-grooming
- Earring insertion
- Overheating
- Fasting
- Abrupt Pain
- Nausea / Abdominal Pain
- Prolonged Standing
- Valsalva
- Micturition

**Prodromal Symptoms of Orthostatic Venous Pooling:**  
*(provider MUST ask if any of these occur while patient is upright)*

- Lightheadedness
- Pallor, Diaphoresis
- Mild generalized weakness, Tremulousness
- Vision changes (fogginess, greying, blackout)

**\*Counseling to Avoid Triggers:**

- Lie or sit if recurs
- If standing for long periods of time, march in place or pedal the feet back and forth or contract your toes rhythmically to avoid blood pulling down to the legs.
- Increase hydration: Drink half your body weight in ounces of water/ day +32-48oz in addition.
- Increase salt intake: Start 3000 mg of sodium a day, titrate up weekly with goal of 7/10 or less intensity of symptoms.
- Eat regular meals
- Consider stress management
- Compression/Running socks
- Consider water-based physical activity such as swimming.