

PRACTICAL PEARL: SYNCOPE

INTRODUCTION	<ul style="list-style-type: none"> • 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 • http://jaha.ahajournals.org/content/5/2/e002931.full
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • (413) 794-KIDS Pediatric Cardiology
WHAT TO EXPECT FROM BAYSTATE CHILDREN'S HOSPITAL VISIT	<ul style="list-style-type: none"> • Comprehensive evaluation for cardiac cause of syncope when indicated • in the setting of a normal well child