

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, syncope is neurally- mediated and can be evaluated in a single visit with conservative management and reassurance• 2017 ACC/AHA/HRS Guideline for the Evaluation and Management of Patients With Syncope (jacc.org)• Cannon, B, Wackel P. Syncope. Pediatrics in Review. 2016 April; 37(4): 159-168
INITIAL EVALUATION AND MANAGEMENT BY PRIMARY CARE	<ul style="list-style-type: none">• Perform a complete history and physical exam; family history is essential, especially premature SCD among relatives• 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	<ul style="list-style-type: none">• Syncope that occurs during exertion, without warning, while laying supine, with preceding chest pain or palpitations, in response to auditory or emotional triggers• Abnormal physical examination• 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	<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• Patient guidance and reassurance in the setting of a normal well child