

STANDING ORDER

SYNCOPE (FAINTING)

- I. Recognize that inmates may faint following an invasive medical procedure, such as a blood draw, or even ‘seeing’ blood may cause this reaction. It is important to lessen the potential for further injury to the patient.
- A. If an inmate becomes ‘faint’ during a procedure, stop the procedure; assist them to a safe position (to the chair, or floor as necessary). Do not leave the inmate until 10 minutes or so have elapsed, and they appear stable (alert, oriented, and can ambulate).

II. Clinical Presentation

- A. **Signs and Symptoms**....pale, ‘feels’ faint, vision diminishes or becomes ‘tunnel-like’, loss of consciousness, may have seizures. Pulse will be steady and respirations normal.

III. Treatment

- A. Have inmate sit with head down (or between knees) for several minutes. If unable to sit, lay inmate flat with their feet and legs elevated on towels or blanket.
- B. O₂ at less than 6 liters can be administered.
- C. Have patient rest for 10 minutes.
- D. Monitor vital signs.

VASO-VAGAL REACTION

I. Clinical Presentation

- A. May appear as fainting but:
1. Pulse is slow 30-50 beats per minute.
 2. Systolic blood pressure may be less than 90 mm/hg.
 3. May have seizure activity.
 4. May last longer than fainting...10-15 minutes.

II. Treatment

- A. Have inmate lie down or assist to that position.
- B. Give O₂ at less than 6 liters per minute.
- C. If symptoms last more than 30 minutes, inmate should have medical work-up, and assess need to send to Emergency Department.
- D. Monitor vital signs.