



# A guide to...

# Syncope

## *Patient Information*

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Syncope (fainting episode) is a brief episode of sudden loss of consciousness, which resolves spontaneously. It is common during childhood and adolescence, with the cause for the majority of episodes benign (not harmful) in nature.

### **What is Syncope?**

Syncope is a sudden, brief, temporary loss of consciousness, which is self-resolving. It is common in childhood, with approximately 15% of children / adolescents experiencing at least one episode.

### **What Causes Syncope?**

Causes of syncope are often benign (not harmful), with potential precipitating factors including a sudden change in position, prolonged periods of standing, straining to poo, shaving (when stretching the neck and shaving over the carotid region of the neck), dehydration, hunger, heat, tiredness, severe pain or emotional events.

However other, less common, causes include cardiac and neurological conditions.

### **Symptoms**

Depending on the cause children may experience symptoms prior to syncope (fainting), such as:

- Dizziness
- Sweating
- Visual changes
- Nausea
- Sudden severe headache
- Sudden onset of pain / fear / anxiety
- Breath holding (usually in babies or small children)

Although preceding symptoms may be present some children will not experience any symptoms prior to the event.

- Loss of consciousness occurring during exercise / periods of exertion.
- Palpitations or any cardiac symptoms prior to the episode
- Congenital (from birth) or acquired (developed after birth) cardiac disease
- History of heart conditions present in the family (first and second degree relatives)
- Prolonged period of confusion / agitation / recovery following episode
- Apnoea (periods of no breathing)
- Cyanosis – blue discolouration commonly seen around the mouth and nose
- More than one episode of syncope in 24 hours
- Shortness of breath

### **Investigations and Treatment**

Following an episode of loss of consciousness the clinician assessing your child will ask questions including the history of the event (prior to, during and after), alongside a medical history for the child and immediate family members.

Your child may also have testing to include:

- Blood glucose monitoring
- Electrocardiogram (ECG)
- Laying and standing blood pressure
- Routine monitoring of vital signs
- Neurological assessment

**Blood tests are not routinely required.**

### **Preventing further episodes of syncope**

For some children a specific cause for syncope may not be found however supportive measures can be put in place at home to reduce the risk of further episodes.

- Ensure adequate oral intake to avoid dehydration.
- Regular meals / breakfast prior to school
- Avoid hot showers / baths.
- Avoid standing for long periods of time.

If your child feels as if they are going to faint encourage them to sit or lay on the floor (if safe to do so) and reassure them.

### **When to seek further help?**

**Return to CED if your child has / shows any of the red flag symptoms detailed above.**

If you have concerns that your child is having repeated episodes of syncope or has new or worsening symptoms please:

- Contact your own GP for reassessment
- Call 111 out of normal working hours for advice
- Return to CED