Name:_____ Oasis:_____

Questions

CEPCP

Professional Development: Syncope

You have been called priority 4 to a high school track and field meet. A teacher guides you to the patient who is lying down in the grass on the sidelines. The story relayed to you by the spectators is that the patient (a 17 year old male) was almost finished an 800m run when he suddenly stopped and collapsed to the ground. He was unresponsive for approximately 1 minute. The patient quickly regained consciousness and walked off the track.

1)
Based on the above information you suspect the patient suffered this type of syncope;

a) vasovagal
b) cardiac
c) situational
d) emotional

2)
Treatment for this patient would include;

a) high concentration oxygen
b) oxygen via nasal cannula at 4 liters per minute
c) a drink of water
d) have the patient 'walk it off'

3)
Your patient states he feels totally fine and wants to participate in the steeplechase events coming up. You tell him;

a) to call back if he collapses again
b) to take it easy for the rest of the day
c) that he really needs to be assessed in the hospital
d) to make sure he drinks lots of water before competing

4)
You look at the patient's ECG and notice there are 4 large boxes between the beginning of the QRS complex and the end of the T wave, this tells you;

a) the patient is a well trained athlete
b) the patient could be prone to arrhythmia's
c) the syncope was for sure a vasovagal episode
d) the patient has a heart block

The base pager rouses you from a deep sleep at 4:30 am. The initial call information is for a 78 year old male unresponsive but as you arrive on scene and begin backing into the driveway of a small, well kept bungalow the dispatcher gives you an update that the patient is now conscious and breathing. An elderly, worried looking woman meets you at the door and begins to lead the way.

“I woke up and heard a big bang in the bathroom”.

“Is he conscious now?”. You ask.

“Yes but he doesn’t look well”.

You are lead to a small washroom where an elderly gentleman is sitting on the floor leaning on the toilet.

“What happened?” you ask.

“Ahh, geez, I was going to go to the bathroom and...well...I don’t know...I started feeling dizzy.”

The ammonia smell of urine (in a puddle on the floor) compete with the acidic smell of vomit (in the toilet).

On further questioning you find out the patient had started passing urine when he got a warm, prickly feeling all over him and things went black. When he regained consciousness he felt profoundly weak and nauseous, a feeling that has gotten a little bit better but is still present.

The patient’s blood pressure is 146/82 and his heart rate is 98/min in a normal sinus rhythm.

5)

Based on the information above it is likely that the patient suffered;

a) situational syncope
b) cardiac syncope
c) micturation syncope
d) a and b

6)

Treatment for this patient would include;

a) high concentration oxygen
b) oxygen via nasal cannula at 4 liters per minute
c) a drink of water
d) have the patient ‘walk it off’

7)

The most appropriate transport position for this patient is;

a) supine
b) semi-sitting
c) position of comfort
d) Trendelenburg (shock) position

8)

A 12/15 lead ECG;

a) is a waste of time, it is clearly vasovagal syncope
b) is an excellent tool to help deepen your working assessment
c) is contraindicated as the patient has no chest pain
d) should be done to completely rule out a heart attack

It is just before eleven o'clock on a Sunday morning when you pull up outside the modern church on the outskirts of town. A lone gentleman meets you outside and holds the doors open as you maneuver the stretcher inside. The call information was for a possible VSA but judging by the relatively calm demeanor of the man showing you the way you are starting to doubt the accuracy of the information. The man directs you to the church office and for a moment you find yourself stopped in the doorway, surprised and confused. There are three persons in the room which, on its own, is not that shocking. They all seem to be well into their sixties, also not that surprising. The strange part is how very non-VSA they all seem. In fact they are all sipping on coffees and laughing.

"Uhm...someone called 9-1-1?" you finally manage to utter, searching the faces for clues of any illness.

"Yes, its for me" a jovial, heavy-set lady exclaims. Laughter follows from the other two individuals.

"Ok...what happened?" you are trying your best not to let your irritation show. You fail, its written all over your body language.

"She passed out." a frail lady says matter-of-factly, blowing gently on her coffee.

"Who saw what happened?"

"I did, I was sitting right beside her".

"I'm so embarrassed." the 'patient' says. Your partner has decided to put the confusion aside for the time being and start gathering some vital signs.

"She suddenly slumped onto my shoulder. At first I thought she had nodded off."

"It was a pretty dry sermon." the third lady says, starting another round of laughter.

"But then I couldn't wake her up, she made this loud snoring sound and started turning blue".

"Blue?!" the patient seem shocked at this.

"Yes, and I couldn't find a pulse. I called for help and by the time John came over.." she nods towards the man who had met you outside "..she was awake again".

"Yeah when I got there she seemed OK" John says.

"But she needs to be checked out" her friends says.

"How were you feeling before all this commotion?" you ask the patient.

"Just fine, no problems at all" you patient says with a broad smile.

9)

Based on the above information you suspect the patient suffered this type of syncope;

a) vasovagal
b) cardiac
c) situational
d) emotional

10)

The fact that the patient is feeling OK and looks fine now;

a) means she bounces back quick
b) means the syncope was mild
c) is a worrisome sign
d) means a 12/15 lead will not be required

11)

The patient reaches for her coffee, you should;

a) not interfere, its her business
b) tell her to refrain from drinking more coffee
c) tell her to drink water instead
d) make sure it is de-caf

12)

The cause of the patients loss of consciousness was most likely;

a) an arrhythmia
b) a parasympathetic response
c) the Bezold-Jarish effect
d) the dry minister

13)
What is the most common arrhythmia to cause syncope?

a) V-tach
b) slow a-fib
c) SVT
d) A-V Blocks

14)
This percentage of syncope patients can be expected to have urinary incontinence;

a) 5%
b) 10%
c) 15%
d) 62%

15)
Seizure activity has been reported in this percentage of syncope patients;

a) 50%
b) 66%
c) 10%
d) 5%

16)
This reported during the onset of the loss of consciousness is indicative of a seizure;

a) head turning
b) vomiting
c) pale skin
d) palpitations

17)
A long Q-T interval is considered;

a) > 120ms
b) > 180 ms
c) > 500 ms
d) > 200 ms

18)
The Q-T interval is measured;

a) from the end of the QRS to the start of the T wave
b) from the middle of the QRS to the peak of the T wave
c) from the start of the QRS to the peak of the T wave
d) from the beginning of the QRS to the end of the T wave

19)
The Bezold-Jarish reflex is;

a) a faulty parasympathetic reflex in response to a partially filled ventricle
b) a reaction to graphic images
c) an irritation of the GI tract leading to syncope
d) a period of asystole that leads to syncope

20)
These are examples of triggers of vasovagal syncope;

a) prolonged standing
b) prolonged sitting
c) nitroglycerine administration
d) any of the above