Guideline 9.2.13 – First Aid Recognition and Management of Presyncope

Summary

To whom does this guideline apply?

This guideline applies to adults and children.

Who is the audience for this guideline?

This guideline is for use by bystanders, first aiders and first aid training providers.

Summary of Recommendations

The Australian and New Zealand Committee on Resuscitation (ANZCOR) makes the following recommendations:

1. Manage presyncope by lying the person down if safe to do so [Good Practice Statement].
2. ANZCOR recommends to use physical counter-pressure manoeuvres (as detailed below) to relieve symptoms [strong recommendation, low and very low certainty of evidence].[1-7]
3. ANZCOR suggests to use lower body physical counter-pressure manoeuvres (as detailed below) to relieve symptoms [weak recommendation, very low certainty of evidence].[1,2,5,8]
4. Raising legs may help temporarily relieve the symptoms of presyncope [Good Practice Statement].[9]
5. If the symptoms and signs do not settle with the above measures there may be a serious underlying condition. Send for an ambulance.
6. Check for injuries if a fall has occurred.

Abbreviations

Abbreviation	Meaning/Phrase

ANZCOR	Australian and New Zealand Committee on Resuscitation
CoSTR	Consensus on Science with Treatment Recommendations
ILCOR	International Liaison Committee on Resuscitation

1.0 | Introduction

Presyncope is a common condition often described as “feeling faint,” “weak” or “dizzy.” It is often accompanied by loss or greying of vision, generalised weakness, and nausea.

Many conditions can cause presyncope but the uniting feature is the blood pressure drops below the level needed for normal function of the brain. Presyncope can occur from a vaso-vagal episode (sometimes called a simple faint), where the heart rate is slowed by the nerve supply to the heart and the blood vessels dilate causing low blood pressure. This can be the body’s response to intense pain or emotional stress. Presyncope can also be caused by sinister conditions such as heart disease, drug side-effects, blood loss, dehydration, heat stress, or severe infection/sepsis.

A vaso-vagal episode is usually self-limiting, particularly if the person lies down. If the signs and symptoms persist or recur, they may denote serious illness. The person should be managed as for any serious illness (refer to ANZCOR Guideline 9.2.12)

2.0 | Recognition

- Symptoms and signs may include:
  - feeling faint
  - feeling lightheaded
  - feeling dizzy
  - nausea
  - greying, tunnel vision or loss of vision
  - the person may appear pale (a change in colour).

- The following observations may help if the first aider is trained to take the observations and has the equipment needed:
  - The pulse may be slow or fast depending on the cause of the presyncope.
  - The blood pressure is low (although the individual normal value is variable).

3.0 | Management

- If the person is unresponsive and not breathing normally, commence resuscitation, follow the Basic Life Support Flowchart (refer to ANZCOR Guideline 8).
- Lie the person flat if safe to do so.
- Use counter-pressure manoeuvres. These manoeuvres include tensing muscles of the legs, arms, abdomen or neck, for example leg tensing, crossing, squatting, hand gripping and abdominal tensing.
- Raise the legs above the heart if safe to do so. This may produce a temporary rise in blood pressure.
- Treat any injuries found.
- If the symptoms and signs persist, send for an ambulance.
- Handover any observations to the next level of care.

Further Reading

ANZCOR Guideline 8 Cardiopulmonary Resuscitation

References

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About this Guideline

Search date/s	November 2018 and February 2023

Question/PICO:	*Population:* Adults and children with signs and symptoms of faintness or presyncope of suspected vasovagal or orthostatic origin *Intervention:* interventions such as physical counter-pressure manoeuvres (sic), body positioning, hydration or other *Comparison:* no intervention or each other *Outcomes:* · Abortion of Syncope o (high number considered beneficial) o (critical) · Injuries or adverse events o (low number considered beneficial) o (critical) · Symptom improvement o (high number considered beneficial) o (important) · Change in heart rate o (increase considered beneficial for VVS) o (important) · Change in systolic blood pressure o (increase considered beneficial) o (important) · Change in diastolic blood pressure o (increase considered beneficial) o (important)
Method:	**Systematic review First Aid Interventions for Presyncope** 1. ILCOR CoSTR Feb 19. Search strategy see worksheet 2. Evidence update using same search strategy Feb 23
Primary reviewers:	Finlay Macneil
Worksheet	https://costr.ilcor.org/document/first-aid-interventions-for-presyncope?status=final and Feb 23 EvUp worksheet.
Approved:	March 2023
Guideline superseded:	New guideline

Referencing this guideline

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