Syncope Nursing Care Plan

PATIENT INFORMATION

Full Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Patient ID: _____

Contact Number: _____ Email Address: _____

For use when the patient experiences a brief lapse in consciousness causing fainting, which is related to insufficient blood flow to the brain.

Review the following vitals / Results:

Blood pressure: _____ Heart rate: _____

ECG: _____

CARE PLAN

Diagnosis

Assessment

Intervention

NOTES/REFERRALS

Notes/Referrals

From assessment and results the patient is suspected:

Patient suspected conditions

- ☐ Cardiac syncope
- ☐ Reflex syncope
- ☐ Vasovagal syncope
- ☐ Situational syncope
- ☐ Carotid sinus syncope
- ☐ Orthostatic hypotension
- ☐ Neurologic syncope

Further steps/intervention required

Physician's Notes and Recommendations

Physician's Signature

Date: _____ dd / mm / yyyy