

Syncope Nursing Care Plan

Patient Information
Full Name:
Date of Birth:
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

<i>From assessment and results the patient is suspected:</i>	<input type="checkbox"/> Cardiac syncope	<input type="checkbox"/> Reflex syncope	<input type="checkbox"/> Vasovagal syncope
<input type="checkbox"/> Situational syncope	<input type="checkbox"/> Carotid sinus syncope	<input type="checkbox"/> Orthostatic hypotension	<input type="checkbox"/> Neurologic syncope

Further steps/intervention required:

Physician's Notes and Recommendations

Physician's Signature

Date: