

# ANZCOR Guideline 9.2.13 – First Aid Recognition and Management of Presyncope

## Summary

### Who does this guideline apply to?

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. Use physical counter-pressure manoeuvres (as detailed below) to relieve symptoms (strong recommendation, low and very low certainty of evidence)[1, 2]
3. Use lower body physical counter-pressure manoeuvres (as detailed below) to relieve symptoms (weak recommendation, very low certainty of evidence)[1, 2]
4. Raising legs may help temporarily relieve the symptoms of presyncope (Good Practice Statement)[3]
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 fall

### 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 Introduction

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Presyncope is a common condition that is best described as a feeling of being about to faint. There are many causes but the uniting feature is the blood pressure drops below the level needed for normal function of the brain. This is commonly due to a vaso-vagal episode, where the heart beat is inappropriately slowed by the nerve supply to the heart. Vaso-vagal episodes can be caused by intense pain, emotional stress, standing for a long time, extreme exertion, and other causes. Sometimes moving rapidly to an upright position causes the low blood pressure (orthostatic hypotension). Other factors can contribute to this such as dehydration or heat stress causing dilation of vessels in the periphery of the body

Pre-syncope is often described as “feeling faint,” “weak” or “dizzy.” It is often accompanied by loss or greying of vision and nausea. The 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 (See ANZCOR GL 9.2.12)

## 2 Recognition

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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 Management

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- If the person is unresponsive and not breathing normally, commence resuscitation, follow the Basic Life Support Flowchart (ANZCOR Guideline 8).
- Lie the person flat if safe to do so
- Use counter-pressure manoeuvres. These manoeuvres include tensing muscles 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

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## References

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### About this Guideline

<b>Search date/s</b>	Nov 2018
<b>Question/PICO:</b>	<p>Population: Adults and children with signs and symptoms of faintness or presyncope of suspected vasovagal or orthostatic origin</p> <p>Intervention: interventions such as physical counter-pressure maneuvers (sic), body positioning, hydration or other</p> <p>Comparison: no intervention or each other</p> <p>Outcomes:</p> <ul style="list-style-type: none"> <li>• Abortion of Syncope <ul style="list-style-type: none"> <li>○ (high number considered beneficial)</li> <li>○ (critical)</li> </ul> </li> <li>• Injuries or adverse events <ul style="list-style-type: none"> <li>○ (low number considered beneficial)</li> <li>○ (critical)</li> </ul> </li> <li>• Symptom improvement <ul style="list-style-type: none"> <li>○ (high number considered beneficial)</li> <li>○ (important)</li> </ul> </li> <li>• Change in heart rate <ul style="list-style-type: none"> <li>○ (increase considered beneficial for VVS)</li> <li>○ (important)</li> </ul> </li> <li>• Change in systolic blood pressure <ul style="list-style-type: none"> <li>○ (increase considered beneficial)</li> <li>○ (important)</li> </ul> </li> <li>• Change in diastolic blood pressure <ul style="list-style-type: none"> <li>○ (increase considered beneficial)</li> <li>○ (important)</li> </ul> </li> </ul>
<b>Method:</b>	Systematic review <a href="#">First Aid Interventions for Presyncope</a>

	1. ILCOR CoSTR Feb 19.
<b>Primary reviewers:</b>	Finlay Macneil
<b>Other consultation:</b>	
<b>Worksheet</b>	<a href="https://costr.ilcor.org/document/first-aid-interventions-for-presyncope?status=final">https://costr.ilcor.org/document/first-aid-interventions-for-presyncope?status=final</a>
<b>Approved:</b>	
<b>Guideline superseded:</b>	New guideline

1. Jensen JL, C.P., Meyran D, Ng KC, Ohshimo S, Singletary EM, Zideman DA, Epstein JL, Bendall J, Berry DC, Carlson JN, Chang WT, Charlton NP, Hood NA, Markenson DS, Woodin JA, Swain JM, Sakamoto T, Lang E, on behalf of the International Liaison Committee on Resuscitation (ILCOR) First Aid Task Force and Pediatric Task Force, *First Aid Interventions for Presyncope Consensus on Science with Treatment Recommendations [Internet] Brussels, Belgium: International Liaison Committee on Resuscitation (ILCOR) First Aid and Pediatric Task Forces*, 2019 Jan 20. Available from: <http://ilcor.org> Accessed 22 Nov 21. 2019.

2. Jasmeet Soar, M., MB, BChir, FRCA, FFICM, FRCP; Ian Maconochie, FRCPCH, FRCM, FRCPI, PhD; Myra H. Wyckoff, MD; Theresa M. Olasveengen, MD, PhD; Eunice M. Singletary, MD; et al, 2019 *International Consensus on Cardiopulmonary*

*Resuscitation and Emergency Cardiovascular Care Science*

*With Treatment Recommendations*. Circulation, 2019. **140**: p. e826–e880.

3. Zideman, D.A., Singletary, E. M., De Buck, E., et al, *Part 9: First aid: 2015 International Consensus on First Aid Science with Treatment Recommendations*. Resuscitation, 2015. **95**: p. e225.