

# (SYNCOPE (FAINTING) NURSING CARE PLAN

## Medical Diagnosis: Syncope (Fainting)

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> <li>• Nausea</li> <li>• Feeling cold, clammy, or warm</li> <li>• Tunnel vision</li> <li>• Blurred vision</li> </ul>	Prevent injury-nonskid socks doesn't walk without assistance, bed in the lowest locked position, necessary items within reach, call bell within reach, side rails up x3)	Sudden loss of consciousness puts patients at a higher risk for falls and injury, therefore it would be prudent to be with the patient when OOB
	Educate the patient to change positions slowly	This enables the blood pressure to accommodate to position changes and hopefully prevent future episodes
	Reevaluate medications, review any that may cause syncope with MD	BP meds may need to be spaced out, or dosages may need to be adjusted; discuss
<b>Objective Data:</b> <ul style="list-style-type: none"> <li>• Vomiting</li> <li>• Loss of consciousness</li> <li>• Arrhythmias</li> <li>• Hypotension</li> <li>• Pallor</li> <li>• Bradycardia</li> <li>• Confusion/disorientation</li> </ul>	Monitor for changes in the level of consciousness.	Monitor appropriately and notify MD if needed, promote safety
	Promote adequate fluid intake	Prevents worsening hypotension