

**Vasovagal Syncope Risk Plan**

**Individual’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing vasovagal syncope or fainting.

**Desired Outcome:**       will avoid vasovagal syncope triggers. Staff will respond as trained if symptoms of vasovagal syncope are exhibited.

**Why at risk/History:**

**Vasovagal syncope** (vay-zoh-VAY-gul SING-kuh-pee) occurs when the part of the nervous system that regulates heart rate and blood pressure malfunctions in response to a trigger, such as the sight of blood or extreme emotional distress. The heart rate slows, blood vessels in the legs widen (dilate), allowing blood to pool in the legs and lowering blood pressure, quickly reducing blood flow to the brain and a brief loss of consciousness occurs.

**Supports and interventions:**

* Staff will assist      , as needed, to avoid vasovagal syncope triggers, such as, standing for long periods of time, heat exposure, or other known triggers, which are      .
* If fall occurs, staff will assess       for injury and administer medical attention as necessary.

**Monitor:**

**Possible symptoms prior to vasovagal syncope:**

* Pale skin
* Lightheadedness
* Tunnel vision-field of vision narrows so that a person can only see what's in front of them
* Nausea
* Feeling warm
* Cold, clammy sweat
* Yawning
* Blurred vision

**Possible symptoms during a vasovagal syncope episode:**

* Jerky, abnormal movements
* Slow, weak pulse
* Dilated pupils

**Notify:**

* **Call 911 if emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager and Health and Safety Tech and/or Nurse of any symptoms of vasovagal syncope, falls, changes in condition or stability, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any symptoms of vasovagal syncope, falls, changes in condition or stability, or concerns.
* Staff will document on incident report by end of shift.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | | **Vasovagal Syncope** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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