



**ARROWHEAD REGIONAL MEDICAL CENTER**  
**Department of Ambulatory Care Services**  
**Primary Care Clinic Policies and Procedures**

**Policy No. 515.00 Issue 1**

**Page 1 of 4**

---

**SECTION: PATIENT CARE**

**SUBSECTION: PATIENT FLOW**

**SUBJECT: LABORATORY PRESYNCOPE EPISODES**

**APPROVED BY:** \_\_\_\_\_  
Clinical Director, Ambulatory Services

---

**POLICY**

The patient is monitored for a potential presyncope episode during laboratory visit and blood withdrawal. Presyncope usually resolves on its own. Considerations are taken to reduce the occurrence of pre-syncope episodes.

**PROCEDURES**

- I. Monitor for signs and symptoms of pre-syncope such as, but not limited to:
  - A. Nausea or vomiting
  - B. Pallor, pale, cold and clammy skin
  - C. Rapid, shallow respirations
  - D. Diaphoresis
  - E. Dizziness, lightheadedness
  - F. Palpitations
  - G. Vision changes
  - H. Decreased mental status
- II. Prevention of presyncope events
  - A. If a patient admits to having previous presyncope events with a blood draw, they may be placed on an exam table for lab draws.
- III. First Aid for Presyncope
  - A. Announce "Rapid Response Lab" if patient is symptomatic.
    1. Phlebotomist or Staff assigned to laboratory area calls Patient Reception/Registration to page "Rapid Response Lab" overhead.
    2. Provide foot stool for patient and assist patient with elevating legs.
- IV. During "Rapid Response LAB" assigned Rapid Response team clinic staff only, arrives to assist with patient. A Rapid Response Lab patient is not to be left alone.
  - A. Phlebotomist will elevate patient's legs if not contraindicated.

1. Assist Rapid Response Lab Team as instructed by RN or Practitioner

B. Registered Nurse (RN)

1. Monitors patient
2. Documents the event
3. Documents vital signs
4. Documents interventions and results
5. Decides if a practitioner is needed

C. Medical Assistant (MA)

1. Brings vital sign equipment
2. Assists RN as needed
3. Acts as runner for equipment and personnel as instructed by RN

D. If patient requires prolonged monitoring:

1. Patient may be transferred via wheelchair out of the lab to an exam room with a low exam table.
2. Nurse stays with the patient for continued assessment.

V. Ambulation

A. Prior to ambulation, confirm:

1. No signs and symptoms of presyncope.
2. Patient denies signs and symptoms of presyncope.

B. Perform Orthostatic Blood Pressure (BP) measurement

1. Perform blood pressure (BP) and heart rate (HR) lying or sitting then standing.
2. Repeat BP and HR after standing at one minute and three minutes.
3. Abnormal findings
  - a. A drop of systolic BP of greater than or equal to 20 mmHg
  - b. A drop of diastolic BP of greater than or equal to 10 mmHg
  - c. The presence of signs and symptoms of hypotension
  - d. Notify Practitioner of abnormal readings

C. If presyncope symptoms are resolved and orthostatic pressures are not abnormal, patient may be ambulated.

1. First ambulate in the room
2. If patient ambulates without incident or signs and symptoms of presyncope, begin to ambulate patient in a low traffic area designated at the clinic.
  - a. The MA may follow the patient with a wheelchair while ambulating if patient stability is an issue.

D. If patient is symptom free after ambulation or ambulation time is uneventful, patient is free to walk out of the clinic.

1. Family may pick up patient at front of clinic.
2. Patient may drive.

E. If patient experiencing signs and symptoms of presyncope during or after ambulation period:

1. Have patient sit in chair or return to low exam table.
2. Perform blood pressure and heart rate.
3. Call for Practitioner to evaluate patient.

**REFERENCES:** Centers for Disease Control and Prevention: Measuring Orthostatic Blood Pressure. <http://www.cdc.gov/steady>

John’s Hopkins Medicine. 2025. *Health: Syncope*.  
<https://www.hopkinsmedicine.org/health/conditions-and-diseases/syncope-fainting#>

**DEFINITIONS:** Presyncope is the feeling that you are about to faint. Someone with pre-syncope may be lightheaded (dizzy) or nauseated, have a visual “gray-out” or trouble hearing, have palpitations, or feel weak or suddenly sweaty.

Syncope is also known as fainting. This is a temporary loss of consciousness caused by a temporary reduction in blood flow to the brain.

Vasovagal syncope occurs when the nervous system overreacts to a trigger, such as the sight of blood.

Orthostatic Blood Pressure Measurement is considered abnormal with a drop in systolic BP of greater than or equal to 20 mmHg or drop in diastolic BP of greater than or equal to 10 mmHg or patient experiencing lightheadedness or dizziness.

**ATTACHMENTS:** N/A

<b>APPROVAL DATE:</b>	<b>6/5/2025</b>	<b>Kristy Byers, Clinical Director II</b> <small>Department/Service Director, Manager or Supervisor</small>
	<b>6/5/2025</b>	<b>Ambulatory Work Group</b> <small>Applicable Administrator, Hospital or Medical Committee</small>
	<b>8/28/2025</b>	<b>Nursing Standards Committee</b> <small>Applicable Administrator, Hospital or Medical Committee</small>
	<b>9/24/2025</b>	<b>Patient Safety and Quality Committee</b> <small>Applicable Administrator, Hospital or Medical Committee</small>
	<b>10/2/2025</b>	<b>Quality Management Committee</b> <small>Applicable Administrator, Hospital or Medical Committee</small>
	<b>10/21/2025</b>	<b>Medical Executive Committee</b> <small>Applicable Administrator, Hospital or Medical Committee</small>
	<b>3/10/2026</b>	<b>Board of Supervisors</b> <small>Approved by the Governing Body</small>

**REPLACES:** N/A

**EFFECTIVE:** 10/21/2025

**REVISED:** N/A

**REVIEWED:** N/A