



## Prehospital Care Bundles

The MLREMS Prehospital Care Bundles have been created to provide a simple framework to help EMS providers identify the most critical elements when caring for a patient. These bundles do not replace protocol, but are designed to assist quality assurance and performance evaluations as we work collectively to optimize the delivery of prehospital medicine. As the science and evidence changes, so will these care bundles.

The New York State Collaborative Protocols and the MLREMS Care Bundles are intended to improve patient care by prehospital providers. They reflect current evidence and the consensus of content matter experts. The Collaborative Protocols and the MLREMS Care Bundles are intended to provide principles and direction for the management of patients that are sufficiently flexible to accommodate the complexity of care in the prehospital environment. No Protocol or Care Bundle can be written to cover every situation that a provider may encounter, nor are they substitutes for the judgement and experience of the provider. Providers are expected to utilize their best clinical judgement to deliver care and procedures according to what is reasonable and prudent for specific situations. However, it is expected that any deviations from protocol shall be documented along with the rationale for such deviation.

**NO PROTOCOL OR CARE BUNDLE IS A SUBSTITUTE FOR  
SOUND CLINICAL JUDGEMENT.**



# Syncope Care Bundle

## Syncope

Metric	Goal
Spinal Motion Restriction (SMR)	Implement SMR if indicated based on the history, mechanism of injury, and physical examination
Blood Glucose	Obtained and documented
EKG	Obtained and documented
Vascular Access	Obtained during encounter
Etiology Consideration	Documented consideration of the most likely reason for the loss of consciousness

## Theory/Evidence

### Spinal Motion Restriction (SMR)

- Spinal motion restriction should be performed when indicated and documented when not. In the setting of syncope, SMR should be considered for any resultant trauma (falls, MVC's, etc).

### Blood Glucose

- A blood glucose should be performed on all patients who have experienced syncope to exclude symptomatic hypoglycemia as an etiology of the patient's presentation.

### EKG

- A 12-lead EKG should be obtained and documented on patients who have experienced syncope to exclude active dysrhythmia or ischemia as an etiology of the patient's presentation.

### Vascular Access

- Establishing vascular access in patients who have experienced syncope allows for the ability to emergently administer medications or fluid resuscitate, when indicated.

### Etiology Consideration

- Consideration and documentation of the suspected etiology of the patient's syncope will help guide the provider's evaluation, treatment, and transport decisions.