

ALTERED LEVEL OF CONSCIOUSNESS (ALOC) & SYNCOPE (FAINTING)

ALOC

Altered level of consciousness (ALOC) is a state of consciousness where an individual is not as awake, alert, or able to understand or react normally. ALOC can be caused by a head injury, medicines, alcohol or drugs, dehydration, or some diseases, such as diabetes.

There are different levels of ALOC, which include:

- Lethargic: unusual drowsiness with reduced awareness or interest in surroundings
- Somnolent: sleeping unless awakened by someone or something and returns to sleep when left alone
- Stupor: sleeping unless awakened by something done that is painful and returns to sleep when left alone
- Coma: look asleep but can't be awakened at all
- Confusion: easily distracted and may be slow to respond, disoriented and not able to tell time and place
- Delirium: severe confusion and disorientation and may have delusions (belief in things that are not real) or hallucinations (sensing things that are not real). The degree of confusion may get better or worse over time.

Presentation of any of these symptoms in the school setting warrants a call to EMS/9-1-1, nurse and parents immediately.

Syncope

Syncope (fainting) is a transient loss of consciousness accompanied by loss of postural tone due to inadequate blood supply to the brain. This loss of consciousness is usually brief. Fainting *may* have no medical significance, or the cause can be a serious disorder. Therefore, treat loss of consciousness as a medical emergency until the signs and symptoms are relieved and the cause is known. Typical vasovagal syncope occurs in a person in upright position with appropriate stimulus (e.g., fear or pain). In benign fainting episodes, symptoms resolve when recumbent position restores blood flow to the brain. While there are different contributors to consciousness is to ensure safety and defer, as appropriate to medical care.

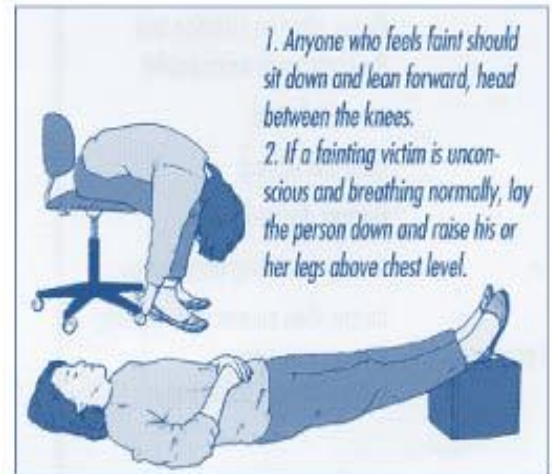
Associated Symptoms:

- Dizziness
- Nausea
- Diminished vision
- Slow pulse
- Pallor
- Perspiration
- Fall in blood pressure
- Slow pulse
- May progress to loss of postural tone and consciousness.

STANDARD RESPONSE FOR FAINTING

If a student complains of *feeling faint*:

1. Have the individual lie down or sit down.
2. Have the student place their head between your knees.
 - a. If the student recovers immediately, report incident to RN and parents, observe student for at least 10 minutes to ensure full resolution of symptoms.
 - b. Attempt to determine any precipitating factors.
 - c. If the student continues to feel faint, call for designated caregivers or nurse.
 - d. If the student is not alert and oriented, even if conscious, call EMS (9-1-1)



If witnessing loss in postural tone and change in level of consciousness:

1. Assist student/staff to floor, loosen clothing at the neck and waist.
2. If individual has collapsed and immediately regained consciousness:
 - a. Position the person on his or her back. If the person is breathing, restore blood flow to the brain by raising the person's legs above heart level — about 12 inches (30 centimeters) — if possible.
 - b. To reduce the chance of fainting again, don't get the person up too quickly.
 - c. Do not lower head as bending at waist (may further compromise venous return to heart).
 - d. Do not give anything by mouth until weakness and change in level of consciousness are stable.
 - i. If this individual is diabetic, defer to hypoglycemic protocol and call EMS/9-1-1.
3. Delegate call to:
 - a. School Nurse/Designated care givers.
4. If the individual does not immediately regain consciousness (within 1 minute):
 - a. delegate calls to:
 - i. Call EMS/ 9-1-1
 - ii. School Nurse or designated care givers (if not previously called).
 - b. Position individual on their side, to prevent airway obstruction.
5. If the individual sustained a head injury prior to collapse, Call EMS/9-1-1.

6. If the individual sustained an injury secondary to collapse, the injury is second to ensuring the airway is stable and emergency medical care is called as needed.
 - a. Treat all injuries appropriately.
7. Once individual is fully conscious, they may be relocated to office by school staff.
 - a. Do not permit a student who has lost consciousness to walk to the office alone or without adult supervision.
 - b. Once student is alert and oriented, inquire on hydration and food. If the student has not eaten, it is appropriate to offer a snack after reviewing food allergies. If the student is diabetic, the student's protocol should be followed.
 - c. As many episodes of syncope are related to dehydration, it is also appropriate to provide water to an alert student.
 - d. While a student is recovering the student may not be left unsupervised.
 - e. Students with a history of syncope may be returned to class after resolution of symptoms if RN and parents are in agreement.
8. A student, even if conscious, who does not return to baseline behavior within 5 minutes should be dismissed to parents.
9. If student has no history of syncope, student should be deferred to medical care.
10. Always ensure that school nurse is informed of incidents.
11. Complete required documentation. Even if school nurse assesses student, an incident report should be completed, the nurse's notes can serve as an addendum.

Fainting: First aid - Mayo Clinic. (2014.). Retrieved from <http://www.mayoclinic.org/first-aid/first-aid-fainting/basics/art-20056606>

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Image: American Family Health Online