The Complicated Faint

Introduction

Most people will have had experience of a simple faint. The vast majority of apparent faints are just that, and need nothing beyond basic first aid treatment. However, very occasionally they can be a sign of a more serious condition, and it is worth knowing how to recognise these cases.

The Simple Faint

In a simple faint, the flow of blood from the body to the heart is temporarily reduced for some reason. As the heart contracts on a reduced blood volume, a reflex is activated which slows the heart down. This leads to a shortage of oxygenated blood flowing to the brain, which briefly 'shuts down', and the person collapses. If we are aware of this normal mechanism, many of the warning signs become easy to understand.

Warning Signs

Prior to the faint:

Supine position – blood flow back to the heart is near a maximum when a person is lying down. If they faint in that position, it suggests an underlying problem. Same applies if someone faints during exercise.

Cardiac symptoms – chest pain, difficulty breathing, palpitations should all give you cause for concern.

Elderly patients – more likely to have medical problems and be taking various drugs, so maintain a high index of suspicion.

No warning – blood flow shouldn't immediately stop – there should be a tapering off, giving some warning of the collapse.

Trauma – any injury severe enough to cause loss of consciousness needs assessment in hospital. If the injury is as a result of the faint, assess as normal.

During the faint:

Tongue biting – normal protective reflexes should still act.

Incontinence – not normally associated with a faint.

Prolonged unconsciousness – blood flow should be restored within seconds of collapse. More than a minute or two of unconsciousness is concerning.

Seizures – 'faints don't fit' – suspect a more worrying cause.

After the faint:

Confusion – recovery should be rapid and complete. Confusion suggests ongoing problems in the brain.

Headache – a normal faint will not cause pain.

Abnormal vitals – vital signs should rapidly return to normal.

Neurological signs – any weakness, lack of co-ordination, or other problem should not persist after the faint.

Assessment

Many of these problems will not be found unless you look for them. Any patient you find who is or has been unconscious should be carefully assessed. Take a full SAMPLE history, check the vital signs, and be sure that nothing is inconsistent with a simple faint. This shouldn't take more than a few minutes, so will not delay you or the patient unduly.

'Five Sinister Faints'

Many serious problems can present with an apparent faint. Some of the more common ones to watch out for are:

Myocardial Infarction – can present without normal symptoms, especially in the elderly or diabetic

Stroke

Internal bleeding – can be spontaneous, e.g. in the stomach or intestine

Drug reactions

Aneurysms

Conclusion

Don't get paranoid - most faints are not serious, and do not need to be worried about. However, do take the time to assess each patient properly, and be aware of the clues that suggest something more sinister is going on.

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