

Syncope in care home residents

Care home residents are prone to syncope (medical term for a blackout that is caused by a reduction in blood supply to the brain, due either to a diversion of blood away from the brain or to a heart problem). Every person who blacks out should be assessed by their own doctor. Often the cause of syncope is treatable: low blood pressure (hypotension) can be improved by simple actions or a slow heart rate can be treated with a pacemaker.

The most common reason for care home residents to black out is intermittent hypotension (low blood pressure). Syncope can occur either after standing up (postural), after meals (post prandial) or the classic faint (reflex syncope).

Care home residents are vulnerable to episodes of low blood pressure. There are several reasons for this; they are less active and sit for longer periods, they can be on medications that affect blood pressure and they tend to drink less fluid than younger healthy people. On top of that, people in care homes are more vulnerable to illness and are more prone to infection. During illness, blood pressure tends to fall and in some people this becomes a big problem when they stand up (postural hypotension), causing them to fall and sometimes black out.

What to do if a resident is syncopal and discovered on the floor:

1. The resident should be quickly assessed for any injury following a fall.
2. If the resident is sitting, assist them to a lying down position.
3. If unconscious and not injured, once on the floor the legs should be raised with the body remaining on the floor, which should speed up recovery.
4. If recovery is slow, place the resident in the recovery position.
5. Upon recovery, allow the resident to slowly sit up and gradually stand up.
6. If symptoms of dizziness and light headedness continue, assist the resident to lie down.
7. If, despite the above, symptoms continue or there is further loss of consciousness, call for help.
8. Report incident to own doctor, update resident's care plan and ensure that their blood pressure is assessed lying and standing over a three minute period after an unexplained fall or blackout.

Blackouts and unexplained falls are not a normal part of ageing – please make sure your residents are given a medical review if either occur.

Top tips for reducing the risk of syncope caused by low blood pressure (hypotension) in your care home:

1. Ensure every resident has a good fluid intake

Are your residents managing three pints (six full beakers) of fluid a day? If not, encourage residents to drink one extra beaker first thing and if possible an extra beaker late morning. Just one extra pint a day can improve their hypotension.

Warning: If a resident has heart failure or they are taking diuretics (water tablets) and there is a good reason that they are not drinking extra water, ask your resident to talk to their own doctor first.

It is best to encourage residents to drink first thing in the morning, before getting up, and before meals. First thing in the morning and during meals are when residents will be most vulnerable to syncope and fluid intake during these times will help.

2. Simple preventative actions

If residents have been sitting for long periods of time, encourage them to cross and uncross their legs before standing. This will help keep blood pressure up and reduce dizziness when residents stand up. (For further information on Counter Pressure manoeuvres visit www.stars.org.uk).

3. Encourage exercise

Encouraging residents to stay active is really important. Gentle exercise such as walking will help the veins to return blood from the lower body.

4. Avoid large quantities of carbohydrates

Offer small meals often and avoid meals with large quantities of carbohydrates (bread, pasta, pastry). Low blood pressure can occur after meals when the circulation is needed to assist digestion, which can lead to a drop in blood pressure when standing up.

5. Ensure every resident regularly receives a review of their medications

Low blood pressure can be a side-effect of some medications. Once prescribed, medications should be reviewed at least once a year to ensure they are not the cause of the problems.

6. Ensure that any resident who has suffered a blackout receives an appointment to get their blood pressure checked, both lying down and then over 3 minutes of standing up.

All people with unexplained falls or blackouts should have an assessment to find out why this is happening. Talk to the resident's own doctor or district nurse.

It is important to remember that blackouts or unexplained falls are not all caused by syncope. A multi-disciplinary approach should always be taken to diagnose blackouts or unexplained falls.

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