STATEMENT OF PURPOSE:
One of the most frightening experiences you can have as a phlebotomist is when a patient faints on you. We do our best always to be attentive to our patients. Making sure we treat our patients with care, kindness and respect is central to our positions as phlebotomists. These are things we have control over, but when a patient faints, our control over the situation is compromised and how we react is the key to a positive outcome. Syncope is the medical term used to describe when a patient faints. Fainting can be related to many different things:

1. Fainting can happen when not enough oxygen flows through your blood and into your brain.

2. A sudden drop in your blood pressure can cause you to faint. Sometimes your heart rate and blood vessels can’t react fast enough when your body’s need for oxygen changes. It can happen when:
   a. You stand up fast.
   b. You work or play hard, especially if it’s very hot.
   c. You begin to breathe too fast (called hyperventilating).
   d. You get very upset. Being upset can cause vagal nerve stimulation which can cause a drop in your blood pressure.
   e. You’re taking medicine for high blood pressure.

3. Some people can faint when they turn their head to the side and the bones in their neck pinch off one of the blood vessels that lead to the brain.

4. A drop in blood sugar can cause someone to faint. This might happen to someone with diabetes, or the patient might be fasting for lab tests.

5. Some prescription medicines can cause fainting.

6. Patients with seizure disorders or heart problems can be more vulnerable to fainting.

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In most cases when patients faint, it happens in outpatient areas. Emotional considerations come into play. Some patients have deep-seated phobias where needles and blood are concerned. These types of patients will often come into outpatient areas already upset and letting you know they are frightened. Sometimes patients do not come in with any pre-conceived ideas about the experience, but they unexpectedly react adversely when the veni-puncture is performed. In most cases it happens when patients are up-right, sitting in outpatient drawing chairs, but it can happen in a hospital bed as well.
Fainting Patient Cont.

Regardless of the reason why it happens, how we react is the key to a positive outcome:

1. If a patient tells you they are prone to faint, lay them down if possible before you perform the veni-puncture. This will minimize the risk of them fainting, because blood will be more available to their brain, thereby minimizing the risk of them falling down and injuring themselves. Use some TLC to help alleviate the patient’s fears.

2. If the patient tells you they are beginning to feel bad, or you recognize symptoms of the patient beginning to pass out such as:
   a. Pallor. The patient goes pale. You notice a definite change in the skin color of their face and hands.
   b. The patient may start to sweat on their forehead and/or their upper lip.
   c. Their eyes begin to wander, becoming unfocused.
   d. Their speech becomes slurred.
   e. They begin to slump in their chair.

3. You may be in the middle of your stick when this happens. Know what to do next.
   a. You may have to extract the needle and try to bandage the patient quickly.
   b. If the patient is still conscious, you may be able to help them put their head down as low as possible between their knees. This will help blood-flow return to their brain.
   c. If the patient goes unconscious on you and falls forward, help them to the floor, paying close attention to their head to avoid injury. Elevate their legs to help blood-flow return to the brain.
   d. Monitor the patient closely, watching for signs they have regained consciousness. A cool, wet washcloth patted around the face and forehead might help the patient regain their composure.
   e. If your patient ends up on the floor, wait for a while before asking the patient to come into a seated position and then after monitoring again for a while, try to get your patient to sit in a chair, or you may need to find a place for them to lay down for a while.
   f. Watch for signs that color is returning to their face and hands. Watch for focus in their eyes and clarity in their speech.
g. Ask the patient if some water or a light snack such as crackers or juice might help.

Fainting Patient Cont.

h. After the patient has regained consciousness you might offer them an ice pack to place on their forehead or the back of the neck.

i. Get a trash can close, because some patients might need to throw up in the middle of a near-fainting episode or after a fainting episode.

j. Be prepared that some patients might uncontrollably evacuate their bowels or urinate on themselves in the middle of a fainting episode. Thoughtful and caring consideration will be necessary if this happens.

k. Make sure the patient is fully recovered before letting them stand. See if someone is available to help the patient home.

l. Though very unlikely, you may have a patient faint while in a hospital bed. If this happens, contact floor nurses as soon as possible. If the patient was sitting up in a chair, they could faint just like they might in an outpatient setting. Similar steps would need to be taken.

4. If you encounter a patient in an outpatient area that has trouble regaining full consciousness, or becomes injured in the fainting episode:

   a. Contact a pathologist from the lab to come evaluate the patient before letting them leave your area. Some of our outpatient areas may have quicker access to a staff physician for help.

   b. Do not use ammonia capsules to help revive a patient unless the pathologist or staff physician expressly directs you to do so. Patients can have adverse reactions to ammonia inhalants, exacerbating the problem.

5. You may still need to collect your blood. If the patient allows, you may have to re-attempt the veni-puncture with more caution. It may require the patient returning another day to get the lab work done.

6. Fill out a Peminic report on the episode so we can document for our records.

7. After a few hours, follow-up by contacting the patient by phone if possible and ask them if they are feeling okay. If they have concerns, ask them to contact their physician, or go to the emergency room if needed.