

FIGHT COVID-19 | GET VACCINATED



Guidance Date 5/25/21

QMC COVID VACCINE CLINIC VASOVAGAL SYNCOPE PROTOCOL

1) PURPOSE

- a) To provide guidance for the prevention of a vasovagal syncopal event in the Queen's COVID Vaccine Clinics (Blaisdell, West O'ahu, and mobile vaccination teams).
- b) To provide guidance on initial management for patients experiencing pre-syncopal symptoms.
- c) To assure accurate identification and medical management related to preventing vasovagal syncopal events in patients who self-identify as having had a previous event, and to address the initial symptoms to prevent a patient from experiencing loss of consciousness and potential injury due to a vasovagal/syncopal event.

2) AUTHORITY

The following protocol is authorized under the direction of the Chief Medical Officer.

3) DEFINITION

Vasovagal syncope is a non-life-threatening event in which a patient's nervous system has an overreaction to a specific trigger, bringing on a sudden decrease in blood pressure (hypotension) and decrease in heart rate. Potential stimuli in the health care setting most often injection of a medication or vaccine, venipuncture, as well as the sight of blood or viewing another individual receiving an injection or venipuncture. This can lead to a sudden and brief loss of consciousness. The greatest risk is considered risk of injury from falls or loss of consciousness.

a) Risk Factors

- i. History of previous vasovagal syncope
- ii. Age 11 to 18 years old (for vaccine trigger syncope)
- iii. Dehydration
- iv. Skipped meals/fasting
- v. Prolonged standing
- vi. Heat/overheating
- vii. Certain medications that can lower blood pressure
- viii. Fear/anxiety

4) EQUIPMENT

Required	Recommended
Blood pressure monitor	Folding table or cot for patient to be supine
Stethoscope	Portable privacy curtain
Pulse oximeter	Disposable cold pack

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5) PROCEDURE

- a) For patients who self-identify as having a history of a syncopal or near-syncopal event with a previous vaccination
 - i. Don't have them stand for prolonged time while waiting. Have them sit down while waiting in a cool and shaded location.
 - ii. Vaccinate in a location that has access to drinking water, or bring potable water that can be made available for patients. Having access to small snack food such as crackers may be beneficial, but is not required to be provided by vaccination team.
 - iii. If possible, have patient sitting, reclined, or lying supine at time of vaccine administration.
 - iv. If patient appears nervous or anxious, consider distraction techniques such as asking them to recite the alphabet backwards.
 - v. Before asking the person to walk to the observation waiting area, make sure they appear alert, with good color in their skin and no report of feeling dizzy. If patient is in a reclined or supine position, consider having them wait the full post-vaccination observation period in that location.

- b) For patients who are experiencing symptoms of a vasovagal syncope, rapidly perform assessment
 - i. Assess airway and breathing
 - a. Respiratory rate
 - b. Respiratory effort
 - c. Oxygen saturation
 - d. Presence of wheezing (if present, initiate QMC Vaccine Clinic Emergency Protocol)
 - ii. Assess circulation
 - a. Palpate for pulse
 - b. Check blood pressure and heart rate
 - iii. Assess level of consciousness
 - iv. Assess skin and mucosa for pallor, perspiration, or cold to touch
 - v. If a patient does faint after a vaccination, they should be observed by medical personnel until consciousness is regained. They should be in a supine position in a location that is cool and out of direct sunlight. Consider elevating legs above the level of the heart to increase blood supply to the heart and brain.
 - vi. If the patient does not regain consciousness immediately, initiate emergency medical protocol and contact EMS. If at West O'ahu, take patient directly to the Emergency Department. EMS for West O'ahu should be activated if the patient is too large to place in a wheelchair. Please note: patients who faint after vaccination will usually fully recover within a few minutes; however, gradually allowing them to stand and walk is advised under observation by medical personnel.
 - vii. If lead RN or medical personnel on-site has any concern that this patient may be having an anaphylactic reaction based on initial assessment, please follow the QMC Vaccine Clinic Emergency Protocol.

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APPENDIX A: COMPARISON OF IMMEDIATE VACCINATION ADVERSE REACTIONS

Distinguishing allergic reactions from other types of reactions

Characteristic	Immediate allergic reactions (including anaphylaxis)	Vasovagal reaction	Vaccine side effects (local and systemic)
Timing after vaccination	Most occur within 15-30 minutes of vaccination	Most occur within 15 minutes	Median of 1 to 3 days after vaccination (with most occurring day after vaccination)
Signs and symptoms			
Constitutional	Feeling of impending doom	Feeling warm or cold	Fever, chills, fatigue
Cutaneous	Skin symptoms present in ~90% of people with anaphylaxis, including pruritus, urticaria, flushing, angioedema	Pallor, diaphoresis, clammy skin, sensation of facial warmth	Pain, erythema or swelling at injection site; lymphadenopathy in same arm as vaccination
Neurologic	Confusion, disorientation, dizziness, lightheadedness, weakness, loss of consciousness	Dizziness, lightheadedness, syncope (often after prodromal symptoms for a few seconds or minutes), weakness, changes in vision (such as spots of flickering lights, tunnel vision), changes in hearing	Headache
Respiratory	Shortness of breath, wheezing, bronchospasm, stridor, hypoxia	Variable; if accompanied by anxiety, may have an elevated respiratory rate	N/A
Cardiovascular	Hypotension, tachycardia	Variable; may have hypotension or bradycardia during syncopal event	N/A
Gastrointestinal	Nausea, vomiting, abdominal cramps, diarrhea	Nausea, vomiting	Vomiting or diarrhea may occur
Musculoskeletal	N/A	N/A	Myalgia, arthralgia

REFERENCES:

- Fainting (Syncope) after Vaccination; <https://www.cdc.gov/vaccinesafety/concerns/fainting.html>
- Medical Management of Vaccine Reactions in Adults in a Community Setting; <https://immunize.org/catg.d/p3082.pdf>
- Interim considerations: preparing for the potential management of anaphylaxis after COVID-19 vaccination; <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
- Runser LA et al. "Syncope: Evaluation and Differential Diagnosis." Am Fam Physician. 2017 Mar 1;95(5):303-312B.