

What To Do If A Student Faints In Class

- *The instructor should not leave the classroom. Call 911, and then stay with the student.*
- *If the student is wearing a medical ID bracelet, follow the directions on the bracelet.*
- *Clear the classroom temporarily while attending to the student who has fainted.*
- *Do not attempt to treat the student with ice or water unless the student specifically asks for these and another student is able to easily obtain them.*
- *Stay calm. The student is not in immediate danger. The syncope is a benign and self-limiting occurrence that will begin to improve as soon as the student is lying down.*
- *Suggest that the student stay in a flat position while waiting for help to arrive. This will remove the “pooling” effect on the blood caused by gravity, and allow the student’s condition to improve.*

All services for students with special needs are coordinated through the Learning Assistance Laboratory (LAL), located on the second floor (room 218) of the Campbell Learning Resources Center.

Our staff is ready to work with you to maximize student success and minimize instructor frustration.

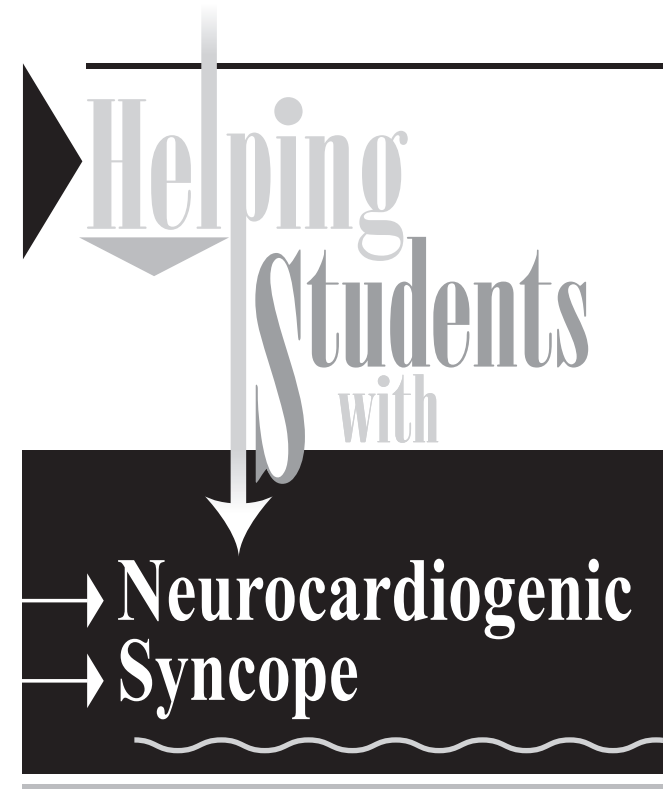
*For further information
and assistance call*

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Some Facts About Neurocardiogenic Syncope

Syncope (fainting) is a common medical condition. It occurs when blood circulation to the brain is reduced, resulting in temporary loss of consciousness. Syncope is a symptom, not a disease in itself. There are a variety of medical causes for fainting.

Neurocardiogenic syncope (also known as vasovagal syncope) is a type of syncope resulting from excessive autonomic reflex activity. It is a temporary failure of the autonomic nervous system to regulate blood pressure and heart rate. Normally, the blood pressure control centers of the brain compensate for change (such as when a person stands) automatically by constricting blood vessels and increasing the heart rate. In neurocardiogenic syncope, this system periodically breaks down. Under predisposing stressors, blood pressure falls too low and fainting may occur.

- *Predisposing factors:* Predisposing factors for neurocardiogenic syncope vary from person to person, but the most common are dehydration, a very warm environment, and prolonged upright position. For some, inadequate salt intake, exercise, or emotionally stressful events

can lead to a syncope event. “Mental fogging” can occur with prolonged reading or concentration, if blood pools in the arms and legs while the person sits. In rare cases noxious stimuli, pain, or fear can lead to syncope.

- *Symptoms:* Individuals who are prone to neurocardiogenic syncope manifest a spectrum of symptoms (ranging from fatigue, mild lightheadedness, dizziness, near fainting, palpitations, sweating, joint or muscle aches) to complete loss of consciousness. Some who are diagnosed with neurocardiogenic syncope never completely faint. Others faint regularly. Some will have some sort of warning that syncope is imminent. Others will not.
- *Causes:* The root causes of neurocardiogenic syncope are unknown. There may be a genetic link. Frequently, episodes begin in adolescence following periods of rapid growth, but they can occur at any age.

The Student With Neurocardiogenic Syncope . . .

- *Might NOT BE AWARE that a fainting spell is about to occur.* The only external signs that might

be observable are pallor and the appearance of confusion. Because these are not reliable indicators to casual observers, the instructor should not attempt to “watch” the student or anticipate episodes of syncope.

- *Might BE AWARE that a fainting spell is about to occur.* If so, he or she might need to drink fluid during class, pump muscles or change posture to stimulate blood flow, or leave the classroom in order to walk around or lie down.
- *If the classroom is very warm, the student might not be able to remain in class.* The instructor can assist by allowing the student to take necessary measures without drawing attention to them.
- *Although fear is a (rare) component of syncope, the emotional stress of an exam is not typically a sufficient trigger.* The instructor should not worry that classroom participation, quizzes, or exams will trigger fainting in a student prone to syncope. However, if the student has a coexisting condition affected by stress, the LAL will be able to determine if the student should take tests under quiet conditions in the LAL.

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