



Should my child see a health care provider for lightheadedness or fainting?

Consult with your child's primary care provider if you need additional information.

What tests should my health care provider perform when evaluating my child for lightheadedness or fainting?

Unless other risk factors are identified, the only tests routinely recommended are an ECG (electrocardiogram) and measurement of "orthostatic" blood pressures (performed when laying down and then standing).



For Health Care Providers:

Orthostatics – Heart rate and blood pressure while sitting and then after standing for 2 minutes.

Abnormal

- Systolic blood pressure falls > 20 mmHg
- Pulse increases > 40 beats per minute

Electrocardiogram (ECG) – Should be obtained if a normal ECG is not available from the previous 90 days.

Abnormal QTc:

Boys and prepubertal girls > 450 msec
Adolescent and older girls > 470 msec

Criteria for Cardiology Evaluation/Echocardiogram

- Abnormal ECG
- Abnormal cardiovascular examination
- Family history of cardiomyopathy
- Family history of unexplained sudden death
- History suggestive of acute myocarditis
- Syncope during exertion
- Suspected Central Nervous System (CNS) disease

Criteria for Neurology Evaluation/EEG

- Clinical diagnosis of seizure disorder

Criteria for Brain MRI

- Abnormal neurological examination
- Suspected CNS disease

Criteria for Laboratory Analysis

- Abnormal orthostatic evaluation
- Suspected anemia



UNIVERSITY OF UTAH
SCHOOL OF MEDICINE

Department of Pediatrics



Intermountain®
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LIGHTHEADEDNESS AND FAINTING



Information for patients, families and health care providers about this common condition.

Lightheadedness and fainting are common among children and teenagers.

What causes lightheadedness and fainting?

These symptoms usually result from not enough blood getting to the brain. Lightheadedness and fainting are rarely caused by serious medical problems.

What makes this more likely to occur?

- Not drinking enough water
- Skipping meals
- Standing up too fast
- Standing for too long without moving around
- Having your hair brushed or combed while standing
- Being too hot – including from hot showers and hot tubs
- Breath-holding
- Low red blood counts (anemia)



How can lightheadedness and fainting be prevented?

Have your child:

- Drink more water (their urine should be clear)
- Eat more salt
- Eat healthy meals often enough to avoid getting too hungry
- Avoid caffeine
- Avoid standing in one position for a long time
- Stand up slowly after sitting or lying down
- Avoid getting too hot from hot tubs or standing too long in a hot shower
- Sit when having their hair brushed or combed by someone else
- Boys who are prone to fainting should sit on the toilet to urinate, especially first thing in the morning
- Talk with your primary care provider about compression stockings

What should I do if my child or teen becomes lightheaded or faints?

The best treatment is to get more blood to your child's brain.

To do this, help your child lay down and raise his/her legs above the level of the head.



Alternatively, have him or her sit down with his/her head between the knees.

When feeling lightheaded, sit down or lie down. Counter-pressure techniques can also help prevent fainting:

Crossing legs and squeezing the leg muscles until the lightheaded feeling goes away



Gripping hands and trying to pull them apart and down



What risk factors suggest a more serious cause for fainting?

- Needed CPR after faint
- Significant injury resulting from a faint
- Fainting with exercise
- Faint triggered by fright or sound/noise
- No preceding sensation (like lightheadedness)
- Unusual preceding sensation, such as an odd smell or rising feeling in abdomen
- Chest pounding or chest pain/pressure preceding faint
- Posturing, jerking for 1 minute or more with the faint
- Abnormal heart or neurologic examination
- Abnormal electrocardiogram
- Close family history of unexplained sudden death, heart rhythm problems or cardiomyopathy, or seizures
- History of brain or cardiac injury or disease
- Underlying metabolic or kidney disease
- Peripheral or autonomic neuropathy
- Significant developmental delay