

I HUMAN CASE STUDY 18 YEAR OLD MALE PASSED OUT (CLASS

6512 WEEK 7 WALDEN) INCLUDES HPI
PE DIFFERENTIAL DIAGNOSIS FROM
EXPERTS 2025



- **Age:** 18 years old
- **Gender:** Male
- **Height:** 6'0" (183 cm)
- **Weight:** 222.0 lbs (100.9 kg)
- **BMI:** 30.13 (calculated using BMI formula) ○ **BMI Formula:** $\text{Weight (kg)} / \text{Height (m)}^2$ ○ **BMI Calculation:** $100.9 / (1.83 \text{ m})^2 = 100.9 / 3.3489 \approx 30.13$
- **Chief Complaint:** Passed out (syncope)

Case Study: 18-Year-Old Male with Syncope

Course: NURS 6512 – Week 7 (Walden University)

1. Chief Complaint (CC)

"I passed out suddenly."

2. History of Present Illness (HPI)

- **Patient:** 18-year-old male
- **Onset:** Sudden loss of consciousness
- **Duration:** Brief episode, no prolonged unconsciousness
- **Preceding Symptoms:** Lightheadedness before passing out
- **Associated Symptoms:** No chest pain, palpitations, shortness of breath, or nausea
- **Previous Episodes:** None reported
- **Contributing Factors:** No dehydration, illness, or emotional stressors
- **Medications:** None
- **Family History:** No known cardiac conditions

3. Physical Examination (PE)

Vital Signs:

- **Blood Pressure:** Normal

- Heart Rate: Normal
- Respiratory Rate: Normal
- Temperature: Normal
- Orthostatic Changes: No significant difference

Cardiovascular Exam:

- Regular heart rate and rhythm
- No murmurs, gallops, or rubs

Neurological Exam:

- Alert and oriented × 3
- Cranial nerves II-XII intact
- No focal neurological deficits

4. Differential Diagnosis

Condition	Rationale
Vasovagal Syncope	Most common in young adults, preceded by lightheadedness
Cardiac Arrhythmia	Needs to be ruled out despite normal exam
Orthostatic Hypotension	Less likely since no significant BP drop

Condition	Rationale
Seizure	No postictal confusion, tonic-clonic activity, or incontinence
Hypoglycemia	Unlikely due to absence of diabetes and related symptoms

5. Diagnostic Workup

- **Electrocardiogram (ECG):** Assess arrhythmias or structural heart disease
- **Echocardiogram:** If ECG abnormalities are found
- **Holter Monitor:** Continuous ECG for undetected arrhythmias
- **Blood Glucose Test:** Rule out hypoglycemia

6. Management Plan

Patient Education:

- Identify early signs of syncope and sit/lie down immediately
- Stay hydrated and maintain proper nutrition
- Avoid known triggers (e.g., prolonged standing, dehydration)

Follow-Up:

- Review test results in follow-up visit