

Fainting and near fainting

Section 1 of 6: What is fainting or nearly fainting?

Understand fainting and near fainting, possible causes, warning signs, evaluation, and treatment.

What should I do now?

Call 911

Call 911 for new or unexplained chest pressure that persists or returns, severe trouble breathing, collapse without normal recovery, or sudden face/arm weakness or trouble speaking. Do not drive yourself.

Contact your care team

Unexplained fainting needs assessment. Fainting during exercise, with chest symptoms, or with known heart disease can require urgent care.

Keep your care plan

Follow the safety and driving plan from your care team; record a witness account when available.

SECTION 1

What is fainting or nearly fainting?

Syncope is a brief loss of consciousness caused by a temporary drop in blood flow to the brain. Near-syncope means feeling as though you may pass out without fully losing consciousness.

You may have nausea, sweating, dimming vision, or lightheadedness beforehand. Some episodes happen with little warning.

Fainting has several possible causes. Some are relatively common reflex reactions; others involve the heart. Unexplained fainting deserves medical assessment, even when you recover quickly.

Fainting and near fainting

Section 2 of 6: Possible causes

Understand fainting and near fainting, possible causes, warning signs, evaluation, and treatment.

SECTION 2

What can cause fainting?

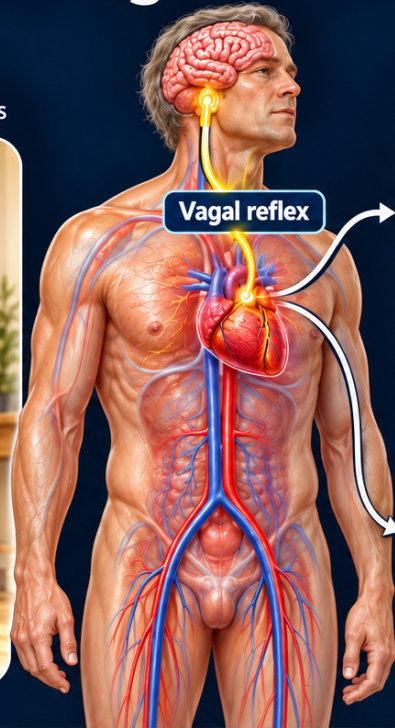
Reflex or vasovagal fainting

Pain, emotional distress, heat, or prolonged standing may trigger a reflex that lowers blood pressure and sometimes slows the pulse.

Vasovagal reflex: why you may feel faint

A trigger

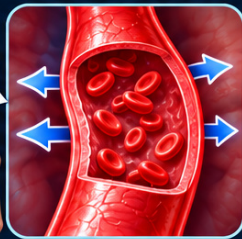
Heat • prolonged standing • pain or distress



Heart rate may slow



Blood vessels widen



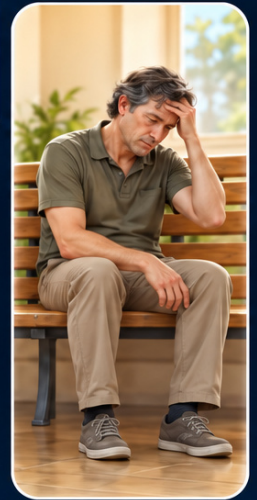
Less blood reaches the brain



Blood pressure falls

Near fainting

Lightheaded • sweaty • nauseated • dim vision



A vasovagal reflex can lower blood pressure and sometimes slow the heart. Reduced blood flow to the brain can cause near fainting—or fainting.

A vasovagal reflex can lower blood pressure and sometimes slow the heart. Less blood flow to the brain can cause near fainting or fainting.

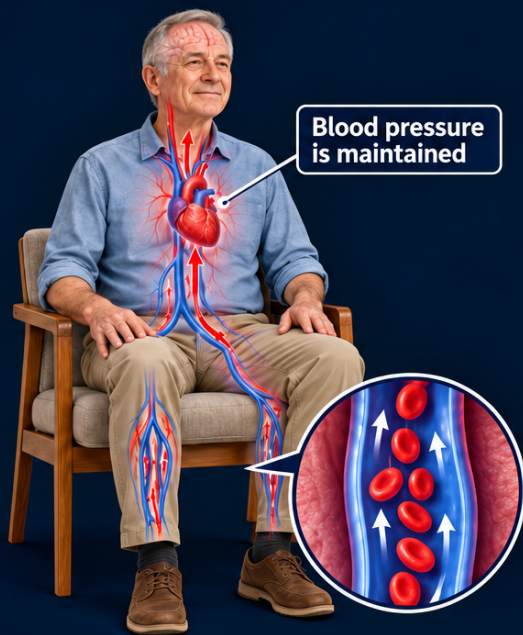
A blood pressure drop on standing

Dehydration, medicines, or problems regulating blood pressure may contribute.

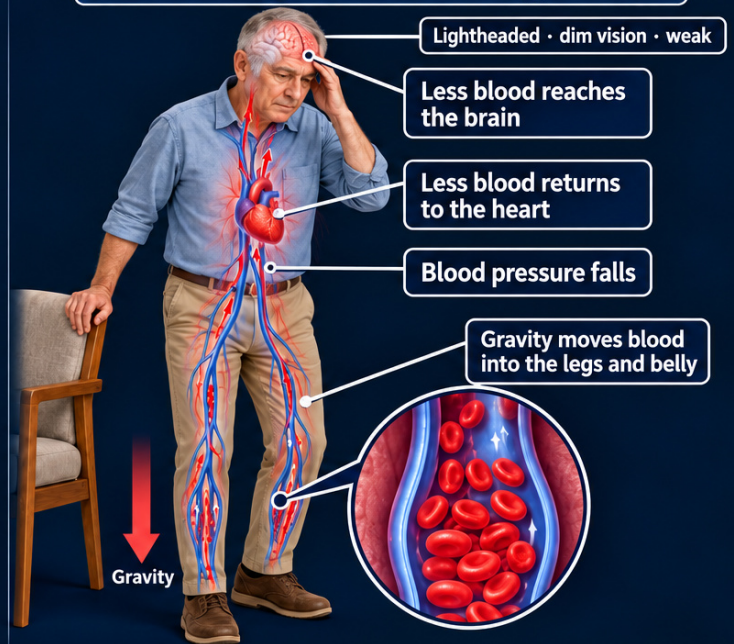
Blood pressure dropping when standing

Orthostatic hypotension

Before standing



After standing—in orthostatic hypotension

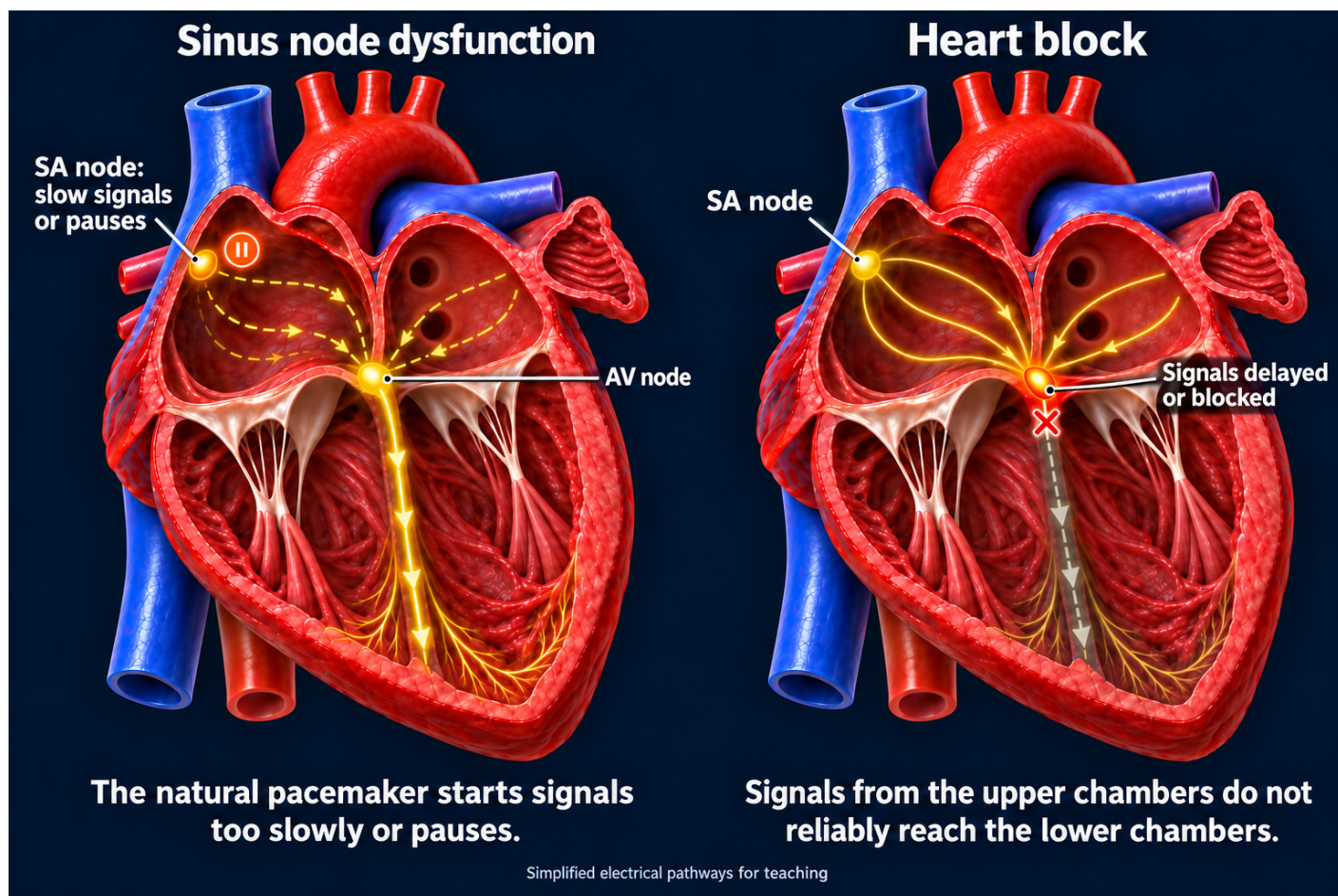


Normally, the body adjusts when you stand. If it does not adjust enough, blood pressure can drop and cause lightheadedness, dim vision, or near fainting.

When the body does not compensate enough for standing, blood pressure can drop and cause near fainting. This is called orthostatic hypotension.

Heart causes

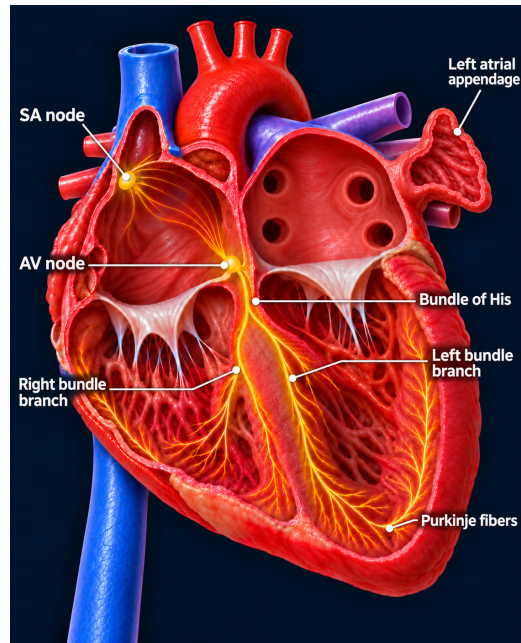
Slow rhythms, heart block, rapid dangerous rhythms, or a severe valve problem may reduce blood flow to the brain.



A slow rhythm or blocked electrical signal is one possible heart-related cause of fainting.

EKG examples: rhythms that can cause fainting

Very slow beats, long pauses, or very fast ventricular rhythms can reduce blood flow to the brain. These simplified strips show the differences.



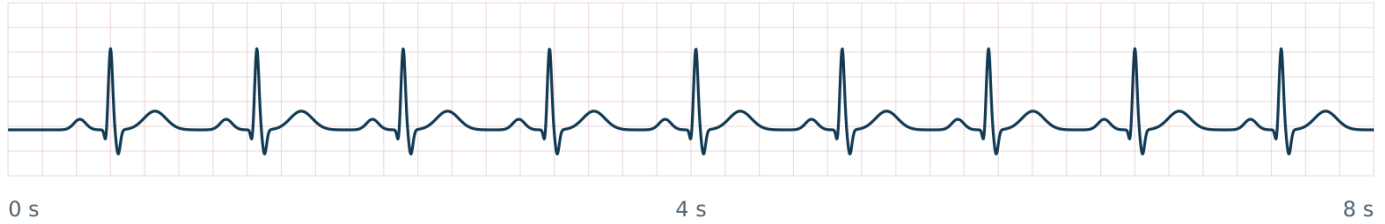
Follow one normal heartbeat

SA node → Atria → AV node → Ventricles

- The SA node starts the signal. The heart's natural pacemaker in the right upper chamber begins each normal sinus beat.
- The signal spreads through both atria. The upper chambers contract, moving blood into the ventricles.
- The AV node briefly delays the signal. This pause gives the ventricles time to finish filling.
- The signal activates the ventricles. It travels through the bundle of His, right and left bundle branches, and Purkinje fibers. The lower chambers contract, pumping blood to the lungs and body.

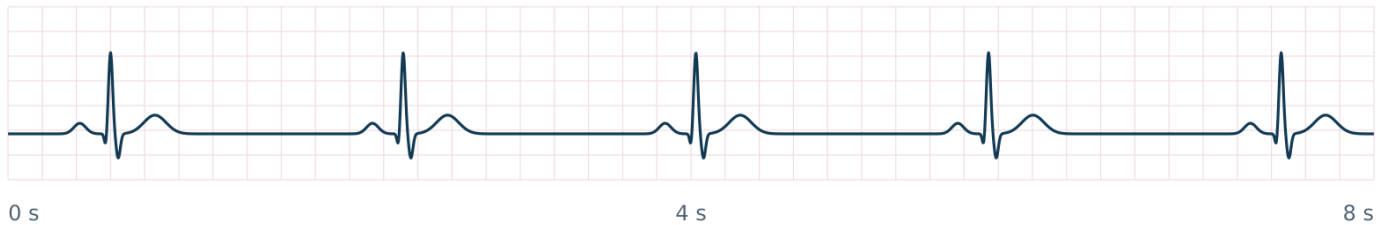
The atria contract first; the ventricles follow. This organized sequence produces a coordinated heartbeat.

Normal sinus rhythm - comparison



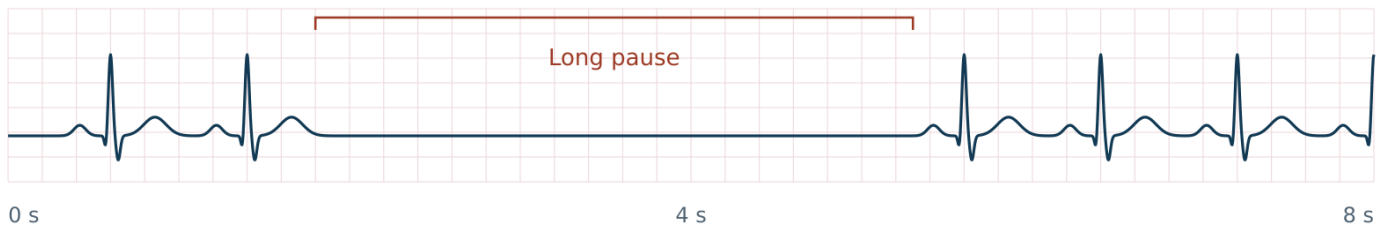
A regular heartbeat for comparison. The tall spikes represent the electrical activation of the lower chambers.

A very slow heartbeat - sinus bradycardia



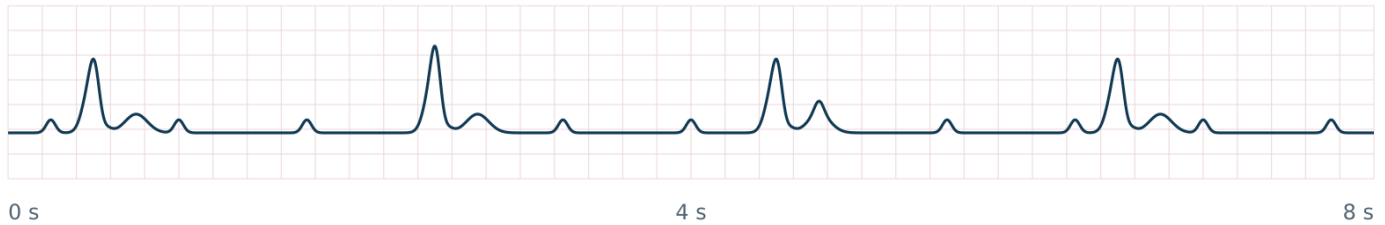
Longer gaps between beats. A very slow rate can cause symptoms when the heart cannot maintain enough blood flow. Some slow rates are normal and cause no symptoms.

A long pause - sinus pause



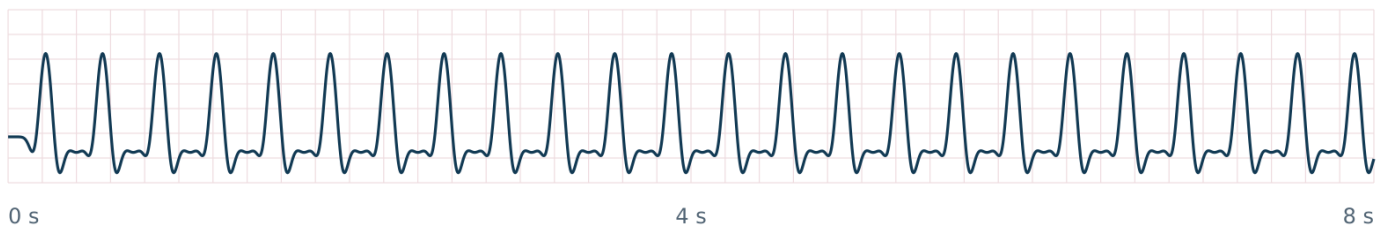
The normal pacemaker briefly stops producing signals. A long pause may cause sudden lightheadedness or fainting.

Blocked signals - complete heart block



The small waves from the upper chambers continue, but their signals do not reach the lower chambers. A slower backup rhythm runs independently and may not provide enough blood flow.

A dangerous fast rhythm - ventricular tachycardia



Rapid, wide beats arise from the lower chambers. The heart may not fill or pump effectively, causing near fainting, fainting, or cardiac arrest.

Illustrative 8-second rhythm strips, not patient recordings or a diagnostic guide. Symptoms must be matched to the rhythm. Blood pressure can also fall while the EKG remains normal.

Sources: [American Heart Association: Fainting](#) · [Heart block and sinus node problems](#)

Other conditions, including seizures, can resemble fainting. Your clinician uses the event details to distinguish them.

Fainting and near fainting

Section 3 of 6: When to seek help

Understand fainting and near fainting, possible causes, warning signs, evaluation, and treatment.

SECTION 3

When should I seek help?

Call 911 if the person does not promptly wake up, is not breathing normally, or has chest pain, severe breathlessness, stroke symptoms, or a serious injury.

If unresponsive and not breathing normally, begin CPR and use an AED if available, following the emergency dispatcher's instructions.

Concerning patterns

Fainting during exercise, while lying down, without warning, or with a history of heart disease or sudden death in the family needs urgent assessment.

If you feel faint, lie down safely. Do not stand up quickly. After unexplained fainting, avoid driving until you have been assessed and advised when it is safe.

Fainting and near fainting

Section 4 of 6: Evaluation

Understand fainting and near fainting, possible causes, warning signs, evaluation, and treatment.

SECTION 4

How is fainting evaluated?

The event history, physical exam, blood pressure, pulse, and EKG are important first steps. A witness's description can be especially helpful.



An EKG helps identify electrical problems that may contribute to fainting.

Monitoring and selected tests

A wearable monitor or an implantable loop recorder may be needed when episodes are intermittent. An echo assesses suspected structural heart disease. A tilt-table test may evaluate certain reflex or positional causes.



Rhythm monitoring may help capture the heartbeat around another episode.



An echocardiogram assesses heart pumping and valves when a structural heart problem is suspected as a cause of fainting.

Testing is selected from the history and exam; everyone does not need brain scans or every heart test.

Fainting and near fainting

Section 5 of 6: Treatment

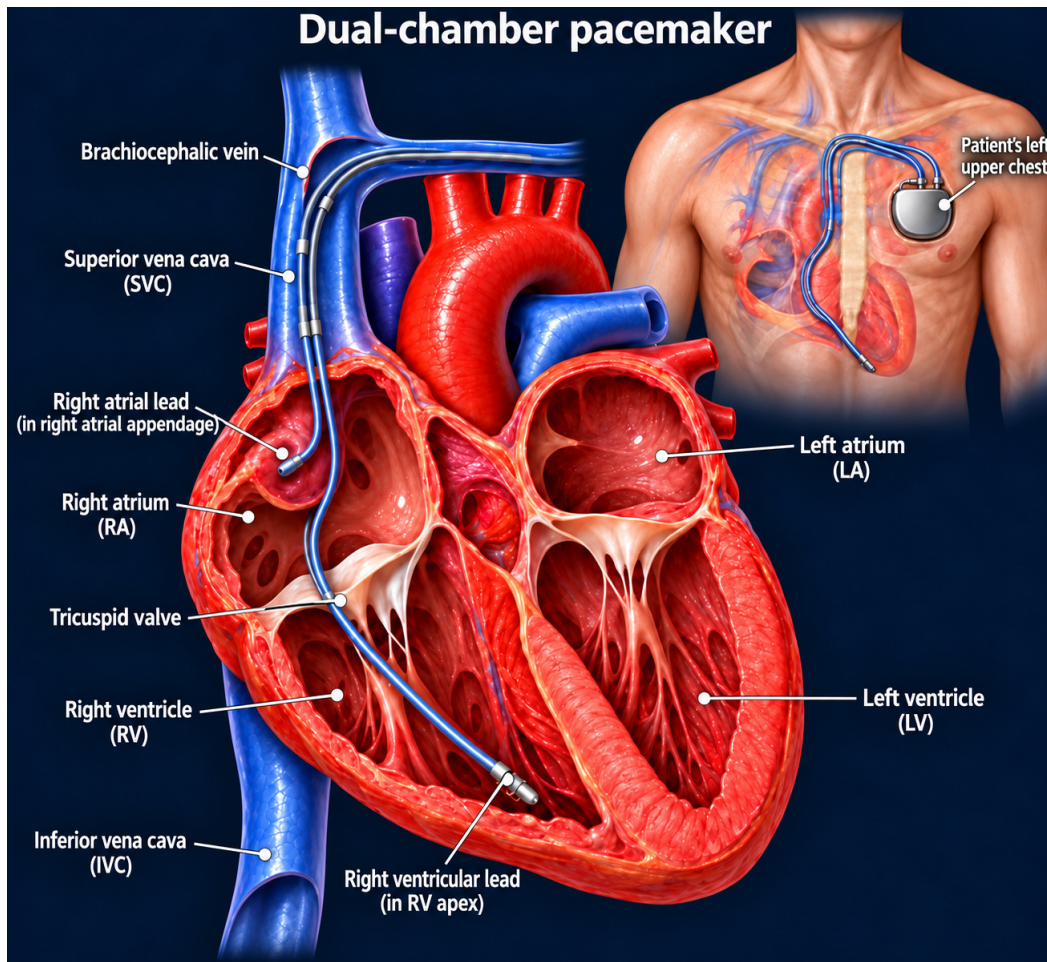
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SECTION 5

How is fainting treated?

Treatment addresses the cause. A reflex or positional cause may improve with recognizing triggers, position changes, and a personalized fluid or medication plan.

If a slow rhythm or heart block is responsible, a pacemaker may be appropriate. A dangerous fast rhythm may require different treatment. A pacemaker does not treat every cause of fainting.



A pacemaker can prevent certain slow heart rhythms. It is used when the findings support that treatment.

Do not increase salt or fluid intake on your own if you have heart failure or kidney disease. Your clinician should also discuss driving and activity safety.

Fainting and near fainting

Section 6 of 6: Your appointment

Understand fainting and near fainting, possible causes, warning signs, evaluation, and treatment.

SECTION 6

Preparing for your appointment

- What were you doing and what position were you in?
- Was there warning, such as sweating, nausea, or palpitations?
- How long were you unconscious, and how quickly did you recover?
- Was there an injury, shaking, or prolonged confusion?
- Have similar events happened before?

Bring a witness if possible, your medicine list, prior test results, and any family history of sudden unexplained death. Ask whether you need monitoring, what to do if symptoms return, and when you can safely drive.

Sources & further reading

[American Heart Association: Fainting](#)

[Mayo Clinic: Vasovagal reflex](#)

[Mayo Clinic: Blood pressure changes on standing](#)

[MedlinePlus: Fainting](#)

Updated October 2026. Educational information; your own care plan may differ. Medical illustrations are simplified examples for teaching.

[NHLBI: How the heart beats](#)

[MedlinePlus: Cardiac conduction system](#)