

# Syncope in the ED

## Syncope

- Common presentation. – 1.7% of all ED Attendances
- Diagnostic Challenge - Only 22-60% have a diagnosis in ED
- Mortality – 5-15% at 1year

## Ask 3 Questions

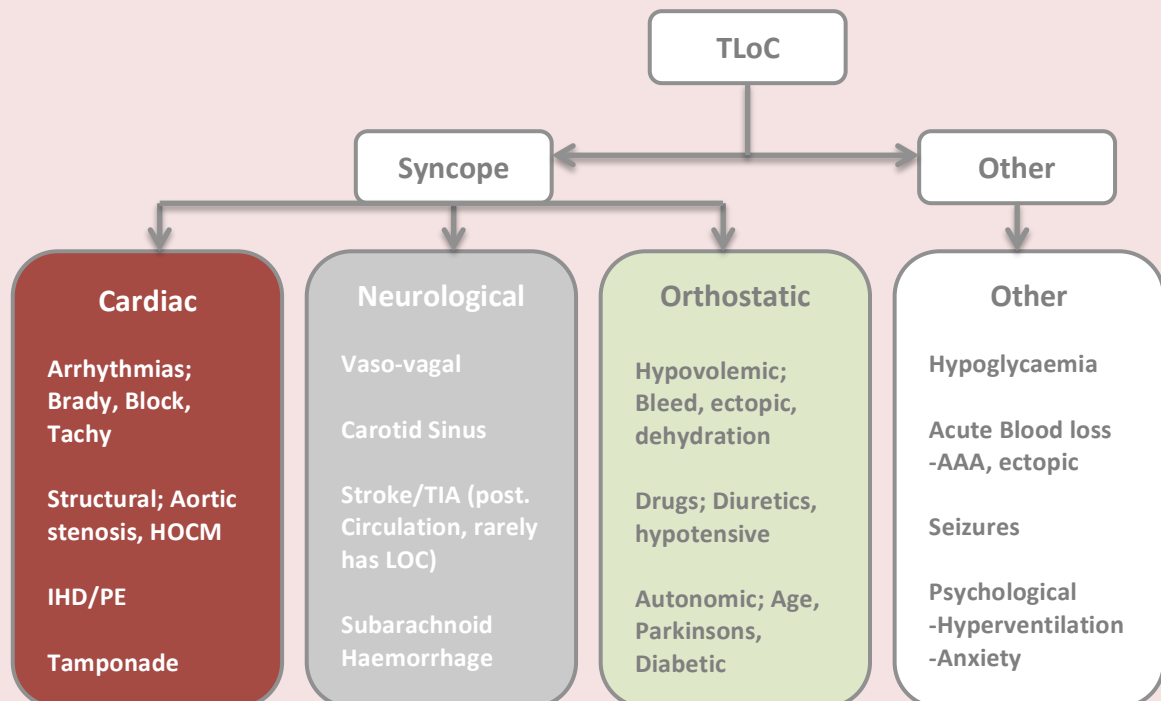
1. Is it syncope?
2. What's the underlying aetiology?
3. Unknown aetiology, is there increased risk of cardiovascular events or death?

## Standard Investigations

- Full Obs. [inc. Postural Blood pressure,- presence of symps should be recorded]
- ECG
- FBC, U&E, BM

## Aetiology

If a specific aetiology is found, then appropriate investigation and treatment must be arranged.



Suspected Cardiac causes must be admitted

# Syncope in the ED

## Aetiology

Signs and Symptoms that commonly occur in the common aetiologies of TLoC

Seizure	Cardiac (Admit)	Vasovagal	Hypoglycaemia	Carotid Sinus Hypersensitivity
Any position	Any position	Never occurs supine	Any position	Particularly with neck movements
Aura & Triggers	Palpitations	Triggers; prolonged standing, cough, chock, eating, vomit , defecation, urination, stimulation, pain	Triggers; Insulin, sulphonylurea, missed meal, intense exercise, wrong dose	Triggers; tight collar
Tonic Clonic movement	Chest Pains			
Incontinence Or Tongue Biting	SOB			
Prolonged unconsciousness	Death like pallor	Preceding symps; Sweat, light head, nausea, pallor	Preceding symps; Irritable, drowsy, sweating	
Post-ictal	Rapid recovery	Recovery over mins; light head, nausea	Improves with sugar	
	Exercise induced			
	Murmurs			
	FHx Sudden death <40yrs			

## No Cause found

- Consider applying both EGSYS and San Francisco Risk Stratification scores.
- No single Risk Stratification tool is perfect and if you feel admission is necessary, despite low risk score, please D/W Senior

### EGSYS-U

- |                                   |    |
|-----------------------------------|----|
| • ECG Abnormality/Cardiopathy     | 3  |
| • Palpitations/SOB                | 3  |
| • Supine/Effort Syncope           | 2  |
| • Age > 64 years                  | 1  |
| • No Vaso-Vagal triggers          | 1  |
| • No Prodrome                     | 1  |
| • Blurred Vision                  | -1 |
| • Vasovagal Symps during recovery | -1 |
| • Vaso-Vagal triggers             | -2 |
| • Vaso-Vagal Prodrome             | -2 |

If patient scores <1, consider discharge with GP follow-up

### San Francisco

- |                              |   |
|------------------------------|---|
| • History of CCF             | 1 |
| • Haematocrit < 30%          | 1 |
| • ECG abnormality            | 1 |
| • SOB                        | 1 |
| • Sys BP <90mmHg (at triage) | 1 |

If patient scores 0, consider discharge with GP follow-up

## Driving

- Check DVLA: <https://www.gov.uk/government/publications/at-a-glance>
- Vaso-Vagal: No restriction
- No diagnosis, Cardiac, Seizure, No Prodrome: Patient MUST inform DVLA