Algorithm for Point of Care GP

NHS
Greater Glasgow
and Clyde

COLLAPSE ? CAUSE
WITH DEFINITE OR POSSIBLE TOTAL
LOSS OF CONSCIOUSNESS (T-LOC)

History, physical examination, supine and upright BP

IS IMMEDIATE ADMISSION DEFINITELY REQUIRED?
e.g. Patient seen acutely + High Risk Features (see below*)

→ YES → Arrange Admission

NO

FEATURE SUGGESTIVE OF CARDIAC CAUSE

- Known or suspected structural heart disease (e.g.aortic stenosis, cardiomyopathy)
- Preceeded by palpitations
- T-LOC on exercise
- Significantly abnormal ECG especially:
  - QRS > 120mSec
  - AV conduction abnormalities
  - Significant sinus bradycardia
  - Long QT interval - Causative arrythmia on ECG
- Patient under 60 with a family history of sudden cardiac death <40 years

FEATURE SUGGESTIVE OF NEURALLY MEDIATED SYNCOPE?

(e.g. vasovagal syncope/simple faint, significant orthostatic hypotension)

- Prodromal symptoms
- Postural or situational precipitant
- Rapid recovery

UNEXPLAINED SYNCOPE?

- No suspected structural heart disease
- Normal ECG
- No high risk factors (see below*)

FEATURES SUGGESTIVE OF SEIZURE?

- Head injury or previous brain injury
- Focal neurological symptoms at onset
- Prolonged recovery phase
- Evidence of clonic activity - grazes, tongue biting
- Typical sequelae - headache, confusion

URGENT CARDIOLOGY REFERRAL (ADMIT IF SEEN ACUTELY)

Recurrent epidsodes or injury?

Rare/single episodes?

URGENT REFERRAL TO FIRST SEIZURE CLINIC/ NEUROLOGY

REFER TO SYNCOPE SERVICE

NO FURTHER EVALUATION

HOW TO REFER
- In the usual manner but to the Southern General Hospital
- For the attention of syncope service (based at the Southern General Hospital only)

* HIGH RISK FEATURES SUGGESTING NEED FOR IMMEDIATE HOSPITALISATION
- Suspected cardiac cause (see above)
- Syncope causing significant injury
- Frequent recurrent syncope
- Frailty with social isolation