Southern Health and Social Care Trust

Quality Care - for you, with you

DAU Pathways – Ambulatory care Pathway Syncope/Collapse for use in General Practice

Referrals via Telephone

To Access - Phone 028 375 66060 for discussion

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Health and Social Care

DAU-Ambulatory care Pathway

Syncope/Collapse

Date for Review - April 2022

Suspected Syncope/ Collapse/ Dizziness
AMB score ≥ 5, NEWS Score
Obtain detailed History/ collateral if confused /dementia

Arrange Investigations
BM, FBC, U/E, LFTs, CRP, ECG, TFT, CXR, Urine Dipstick, Lying and Standing BP, Troponin & D-dimers (if indicated)
Review Medications- alter or hold if necessary

Red flags* in history, examination or investigations

YES → **Consider admission** or referral to sub-specialty for further investigations & management

NO

Discharge home with **DVLA advice** ± 24 hour ECG tape, ECHO± **ENT review (for BPPV)** ± Follow up with Neurology

Red flags*
-Exclusion criteria for Ambulatory care
-Features of cardiac syncope with or without dysrhythmias
-Palpitations with syncope or near syncope
-High risk of structural heart disease
-Abnormal ECGs
-Hypovolemia with dehydration
-Obstructive causes (pulmonary embolism, aortic dissection)
-Fall with significant injury
Significant postural drop in L/S BP
-Infection or sepsis

Patients with suspected BPPV (Benign Paroxysmal Positional Vertigo) can be sent home if stable and family support- with Stemitil 5mg TDS x 5 days and DAU follow up +/- MRI head to exclude sinister pathology as posterior circulation stroke if unsteady

Inclusion criteria for Syncope/ collapse? Cause for DAU-Ambulatory care

-GCS 15
-Age >16, symptoms consistent with reflex-mediated or vasovagal syncope
-Clear history of temporary loss of consciousness with spontaneous and full recovery
-Normal cardiovascular and neurological examination
-Normal blood tests e.g. Sodium etc
-Normal ECG

Exclusion criteria for Syncope/ collapse ? Cause for DAU-Ambulatory care

-Altered GCS
-Age <16
-Known to have epilepsy with typical recurrence
-Persisting focal neurology

Definition: Syncope

It's a clinical syndrome in which transient loss of consciousness is caused by a period of inadequate cerebral blood flow. There are numerous causes of Syncope, The idea of bringing patients in DAU are to exclude serious causes and if not found either discharged back to GP or refer to the sub-specialty.

First step to consider to exclude cardiac cause of Syncope
Second step is to find neurological cause of syncope
Third step to find other causes

Cardiac syncope
It is usually abrupt onset, effort, or exertion, preceding chest pain, palpitations Drug related arrhythmia: antiarrhythmic, neuroleptics, digoxin, β-blockers, alcohol, illicit drugs

Neurally mediated syncope
Usually associated with pallor, diaphoresis, nausea, visual blurring, light headedness, hearing loss Situation: neck turning, stress, pain, fear, crowding, prolonged upright posture, cough, micturition, swallowing, defecation

Orthostatic syncope
Can be related to fats positional change. drug related: angiotensin converting enzyme (ACE) inhibitors, nitrates, diuretics, beta blockers in elderly, alpha blockers

DVLA advice: each case is unique please follow guidelines
https://www.gov.uk/guidance/neurological-disorders-assessing-fitness-to-drive#transient-loss-of-consciousness--solitary-episode