

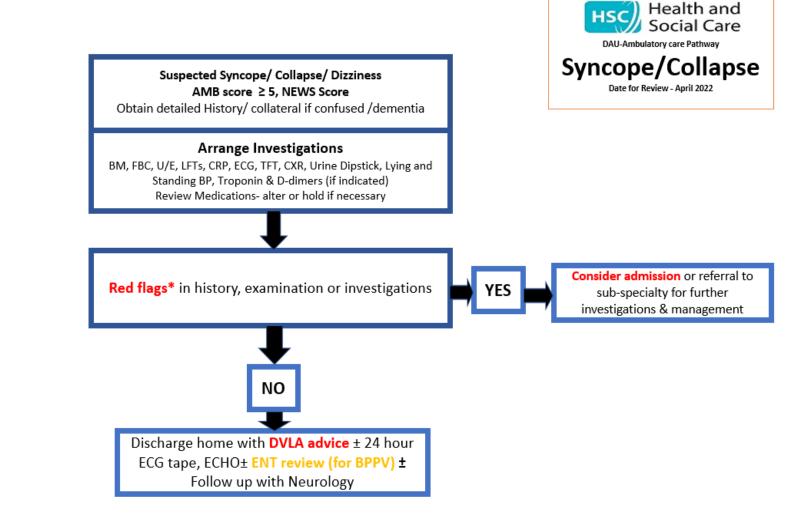
Directory of Service for Unscheduled Care -Assessment, Ambulatory & Rapid Access Services.

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

Referrals via Telephone

To Access - Phone 028 375 66060 for discussion





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 supportwith Stemitil 5mg TDS x 5 days and DAU follow up +/- MRI head to exclude sinister pathology as posterior circulation stroke if unsteady

DISCLAIMER: The clinical pathways / protocols are to be used as guidance only and are NOT accurate when an alternative diagnosis is more likely. The diagnosis is based on a combination of clinical judgment and investigation results.



Quality Care - for you, with you

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