A Pathway for the Review of Patients Presenting with a Transient Loss of Consciousness (T-LOC) or Syncope to ED/AMAU/AMU

**Suggestive features:**
- Abnormal ECG
- Heart failure
- Syncope during exertion
- Syncope while supine or seated
- Chest pain or palpitations before event
- Family history of sudden cardiac death (under 40)
- New murmur
- No warning

**Specifically consider:**
- Subarachnoid haemorrhage
- PE
- GI bleed
- Ectopic pregnancy
- Ruptured AAA
- Venous sinus thrombosis
- Colloid cyst 3rd ventricle

**Suggestive features:**
- Neurological aura
- Tonic-clonic movements
- Staring +/- automatisms
- >20 seconds
- Tongue biting – lateral
- Post event prolonged confusion/lethargy
- Deep sleep with snoring after movements have stopped

**Risk Factors:**
- Older ages/multiple medical comorbidities
- Abnormal ECG
- Haemoglobin <10g/dl
- History of CCF/IHD/Structural heart disease
- Patients with no warning

**Patient presents to ED/AMAU with history of Transient Loss of Consciousness (T-LOC)**

- Stabilise/resuscitate and address any injuries as result of T-LOC

**History/Physical Examination** including full cardiac and neurological exam/Lying and Standing BP (immediate, 2 and 5 min)/ECG/routine bloods (consider alcohol, toxicology screen)

- Are there features to suggest a structural or arrhythmic cardiac aetiology?
  - **YES** – Urgent cardiology review
  - **NO**

- Does the patient require further testing to exclude dangerous non-cardiac causes?
  - **NO**

- Is there evidence to suggest the T-LOC was a tonic-clonic seizure?
  - **NO**

- Are there features to suggest that a benign aetiology is the most likely diagnosis?
  - **NO**

- If still undifferentiated – are there risk factors for short-term adverse events?
  - **YES**
  - **NO**

**Discharge Home:**
- Advise to increase fluid intake
- Review AH meds
- Physical Counter Manoeuvres
- Letter to GP

**ECG features:**
- Ischaemic changes
- Non-sustained VT
- Mobitz type II second degree AV block, complete/third degree heart block, bifascicular block, trifascicular block
- Persistent or intermittent bradycardia (<40 BPM), sino-atrial block or sinus pause > 3 seconds in the absence of negative chronotropic medications or physical training.
- Pre-excitation (WPW)
- Prolonged or short QT interval
- SVT or atrial fibrillation >100 BPM
- ECG suggestive of ARVC
- ECG suggestive of channelopathy
- Bundle branch block, IVCD, ventricular hypertrophy or Q waves consistent with ischaemic heart disease or cardiomyopathy.

**Brugada syndrome**
- **Stereotyped prodrome**
- **Positional history**
- **Prolonged stand**
- **Anti hypertensive meds**
- **Situational**

**Pathways cannot cover all clinical scenarios. Ultimate responsibility for the interpretation and application of these guidelines, the use of current information and a patient’s overall care and wellbeing resides with the treating clinician.**

**Date:** November 2016

**Review Date:** June 2018
References:

- Transient loss of consciousness ('blackouts') in over 16s NICE guidelines [CG109] Published date: August 2010 Last updated: September 2014 https://www.nice.org.uk/guidance/cg109