1. **Transient LOC**

   **Excluding...**

   **Syncope Definition**
   - Transient Global Cerebral hypoperfusion
   - Rapid onset, short duration
   - Spontaneous and Complete recovery

   **Considering...**

2. **Routine ED Assessment**
   - Continuous Cardiac Monitoring whilst in ED
   - History: Age, Prodrome, Triggers, Associated Symptoms, Injuries, Previous Episodes, PMHx, FHx (see table to right)
   - PEx: General exam and Postural & Bilateral BP, Carotid Sinus Massage (If not contraindicated)
   - ECG
   - BSL

   **Special Cases Only**
   - bHCG (Urine) in females
   - Only if clinically suspect abnormality - EUC / Hb
   - Only if Chest pain / ECG Changes – consider Troponin

   **Considering...**

   **Benign cause suspected, or**
   - Cause unknown

3. **Consideration of High Risk Criteria**

   **Severe Structural or Coronary Heart Disease**
   - Heart Failure; Low LVEF; Previous MI

   **Clinical or ECG features suggesting Arrhythmia**
   - Syncope During Exertion or whilst Supine
   - Palpitations at the time of Syncope
   - Family History of Sudden (Cardiac) Death
   - Non-Sustained VT
   - Bifascicular Block (L/R BBB + Left ant/post Fascicular Block) OR Intraventricular Conduction abN with QRS duration >120ms
   - Inadequate Sinus Brady or SA Block (without medications/ Physical Training)
   - Pre-excited QRS Complex
   - QT Interval short or long
   - Brugada Pattern (RBBB with STE in V1-V3)
   - Negative T Waves in Rt Precordial Leads, epsilon waves and Ventricular late potentials (suggestive of Rt Ventricular Cardiomyopathy)

   **Important Co-morbidities**
   - Severe Anaemia
   - Electrolyte Disturbance
   - Elderly
   - And **Apply your Gestalt!!!**

4. **Admit those with high risk criteria**

   **No High Risk Factors - Consider Discharge (after discussion with Senior Clinician)**
   - Education (Triggers, Prodrome, Physical Manoeuvres, Teds)
   - Review Medications (in consultation with GP)
   - Consider for Tilt Table Testing
   - Consider referral / further testing via GP or neurology / cardiology

5. **Dangerous Cause Confirmed / Suspected**

   **Dangerous Causes Include**

   **Cardiovascular:**
   - Arrhythmia (Tachy or brady)
   - Ischaemic (<3% of all presentations)
   - Structural (AS / Cardiomyopathy/ Tamponade)

   **Neurological:** (nb need return of full neurological function):
   - Subarachnoid Haemorrhage
   - TIA (involving Vertebrobasilar territory -> RAS)
   - Subclavian Steal (stenosis of Subclavian artery)

   **Other:**
   - Massive GI Bleed
   - Shock from other causes

   **Follow management guidelines of Specific Condition**

6. **High Risk Factors - Admit**

   - Admission / Intensive Investigation
   - Cardiology / Special review
   - Continued Telemetry
   - Consideration of ECHO / EPS / Angio / EEG / CTB / Dopplers