

# SUSPECTED SYNCOPE

CRD-4 Protocol and Pathway - Cardiology Specialty (14/03/2011)

Patient presents

## PATIENT HISTORY and EXAMINATION

1. Is this syncope or pre-syncope
2. Is there any life threatening condition
3. Can I identify a cause
4. Is this cardiac syncope
5. Ie. Any potential Arrhythmia (bradycardia/tachycardia)? Structural Heart disease (valve disease –AS, cardiomyopathy/heart failure/Ischaemic heart disease
6. If non of the above, consider alternative Dx - ?neurological or vasovagal

## INITIAL MANAGEMENT IN PRIMARY CARE

1. Good History and Thorough Examination for possible causes
2. Does this problem require acute admission to hospital
3. Is his life in immediate danger
4. Are the heart sounds normal/pulse regular/irregular, tachy or bradycardic
5. Check medications ? an iatrogenic cause
6. Rule out postural Hypotension – Perform Lying and Standing BP's
7. Does this patient have a relevant cardiac History
8. Refer if cardiac cause felt the most likely problem

## IF NO IMPROVEMENT OR MORE COMPLEX CARE NEEDED, THEN:

1. As above AND:
2. Perform an ECG – is this normal – low likelihood of significant structural heart disease
3. Refer if cardiac cause felt the most likely problem

ONWARD REFERRAL

## Key

Patient presents

GP level intervention

Non-Primary Care

Red flag