Algorithm for Point of Care GP

**COLLAPSE? CAUSE WITH DEFINITE OR POSSIBLE TOTAL LOSS OF CONSCIOUSNESS (T-LOC)**

- History, physical examination, supine and upright BP

**IS IMMEDIATE ADMISSION DEFINITELY REQUIRED?**
e.g. Patient seen acutely + High Risk Features (see below*)

**FEATUE SUGGESTIVE OF CARDIAC CAUSE**
- Known or suspected structural heart disease (e.g. aortic stenosis, cardiomyopathy)
- Preceeded by palpitations
- T-LOC on exercise
- Significantly abnormal ECG especially:
  - QRS > 120mSec
  - AV conduction abnormalities
  - Significant sinus bradycardia
  - Long QT interval - Causative arrhythmia on ECG
- Patient under 60 with a family history of sudden cardiac death <40 years

**URGENT CARDIOLOGY REFERRAL (ADMIT IF SEEN ACUTELY)**

**FEATURE SUGGESTIVE OF NEUROALLY MEDIATED SYNCOPE?**
(e.g. vasovagal syncope/simple faint, significant orthostatic hypotension)
- Prodromal symptoms
- Postural or situational precipitant
- Rapid recovery

**REFER TO SYNCOPE SERVICE**

**UNEXPLAINED SYNCOPE?**
- No suspected structural heart disease
- Normal ECG
- No high risk factors (see below*)

**NO FURTHER EVALUATION**

**FEATURES SUGGESTIVE OF SEIZURE?**
- Head injury or previous brain injury
- Focal neurological symptoms at onset
- Prolonged recovery phase
- Evidence of clonic activity - grazes, tongue biting
- Typical sequelae - headache, confusion

**URGENT REFERRAL TO FIRST SEIZURE CLINIC/NEUROLOGY**

**HOW TO REFER**
- In the usual manner but to the Southern General Hospital
- For the attention of syncope service (based at the Southern General Hospital only)

***HIGH RISK FEATURES SUGGESTING NEED FOR IMMEDIATE HOSPITALISATION**
- Suspected cardiac cause (see above)
- Syncope causing significant injury
- Frequent recurrent syncope
- Frailty with social isolation

**YES**

Arrange Admission

**NO**