

SYNCOPE

01 INITIAL / TRUE SYNCOPE?

Stable / Unstable?

- ABCs / vitals / glucose? / injury / recovery
- **Unstable:** Shock / dangerous arrhythmia / persistent AMS → resuscitation / cause-specific treatment

True Syncope?

- Brief LOC + rapid, complete spontaneous recovery
- **Other Events:** Hypoglycemia / seizure / vertigo / falls without LOC
- **Focal Neurologic Symptoms:** Stroke / TIA?
- Presyncope ≠ low risk

02 R/O EMERGENT CAUSES

ASSESSMENT / TARGETED TESTING

History

- **Cardiac:** Exertional / supine event, palpitations, absent prodrome
- **Risk:** CHF / structural disease / prior arrhythmia; family sudden death; medications
- **Other Emergencies:** Bleeding / abdominal pain / pregnancy; dyspnea / VTE risk; sudden severe headache
- **Event:** Before / during / after; witness / recovery

Physical Examination

- Vitals / perfusion / oxygenation
- Murmur / CHF / abnormal rhythm
- Bleeding / abdominal tenderness / focal neurologic findings / trauma
- Orthostatic BP?

ECG

- Rhythm / bradycardia / AV block / conduction disease / ischemia
- QT / type 1 Brugada / pre-excitation / cardiomyopathy
- **Persistent cardiac concern** → **monitoring**, even with a normal tracing

Labs / Testing

- **Labs:** Glucose / CBC / electrolytes–renal function / pregnancy test / troponin?
- **Cardiac:** Echo / device interrogation?
- **Hemorrhage / Ectopic:** POCUS / pelvic ultrasound?
- **PE:** D-dimer / CTPA
- **Neurologic / Trauma:** Head CT ± further evaluation?
- **Serious cause identified** → **cause-specific treatment**

03 OTHER CAUSES

- **Reflex / Vasovagal:** Typical trigger / prodrome / rapid recovery
- **Orthostatic:** Postural symptoms + BP drop; medications / volume loss
- **Carotid Sinus / Functional:** Compatible history; selected evaluation
- **Unexplained:** Residual risk still determines disposition

04 REASSESS / DISPOSITION

Reassess

- Repeat vitals / recovery / results / remaining concern

Disposition

- **Discharge:** Stable, reassuring evaluation, safe follow-up ± ambulatory monitor
- **Monitored Admission:** Cardiac concern / significant abnormalities / unresolved risk
- **ICU Admission:** Dangerous arrhythmia / shock / persistent instability