



Approach to Syncope

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Step 1: Rule out 3 Immediate Life Threats

- a. Unstable Vitals
- b. Hypoglycemia
- c. STEMI



Step 2: Syncope vs Seizure

Syncope: lightheadedness, prodrome

vs

Seizure: post-ictal, seizure like activity



Step 3: Assess EKG for Arrhythmogenic Causes of Syncope

- a. Tachy/brady dysrhythmias
- b. WPW -> short PR, delta
- c. HOCM -> high volt, sharp Q's, murmur
- d. Brugada -> STE in V1/2
- e. QT abnormality -> short or long
- f. ARVD -> epsilon waves



Step 4: Check for Non-Cardiac life Threats

- a. SAH -> headache
- b. PE -> CP and SOB
- c. Aortic Emergency: Dissection/AAA rupture -> chest/back/abd pain, US, CTA
- d. Ectopic -> U preg, FAST
- e. GI bleed -> rectal exam and hgb



Step 5: Determine Need for Admission

- a. Drop syncope, exertional syncope, repeat events
- b. San Francisco Syncope Rule: cardiac risk stratification, concern for V tach episode