



Foundations Frameworks

Approach to Syncope

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1. RULE OUT IMMEDIATE LIFE THREATS

- a. Unstable Vitals
- b. Hypoglycemia
- c. Acute MI



2. SYNCOPE vs SEIZURE

Syncope: lightheadedness, prodrome
Seizure: postictal, convulsions, tongue biting, incontinence



3. ASSESS EKG FOR ARRHYTHMOGENIC CAUSES

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



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



5. DETERMINE NEED FOR ADMISSION

- a. Drop syncope, exertional syncope, repeat events
- b. Risk stratification based on comorbidities, concern for V-tach episode