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