

# KCH MEDICINE OBSERVATION SERVICE: Syncope Clinical Guidelines

## CRITERIA:

### Inclusion

- Syncopal or near syncopal episode which cannot be safely discharged home from the ED after initial evaluation
- Minimal ED Interventions: ECG, labs

### Exclusion

- Unstable or significantly abnormal vitals signs (hypotension, fever, HR  $\geq 120$  or  $\leq 50$ , SBP  $\geq 230$  or  $\leq 90$ , DBP  $\geq 110$ , RR  $\geq 30$ )
- Altered Mental Status, GCS  $< 13$  or significant change from baseline
- Suspicion of acute stroke, TIA or new focal deficit.
- New seizure disorder
- ***Acute EKG changes, bundle branch block, or significant arrhythmias ( v. tach, a. fib, bradycardia)***
- ***Confirmed presence of dysfunctional cardiac device (PPM, AICD, LVAD)***
- Serious cause suspected—ACS, PE, GI bleed, sepsis, intracranial bleed, etc.
- Significant injury (fracture, subdural). Lacerations acceptable.
- Exacerbation of psychiatric condition (i.e. psychosis, concern for threat to others or patient him/herself) or severe behavioral disorder
- Agitated, combative or acutely intoxicated patient
- Any other need for inpatient admission
- Any factor that will preclude discharge within 48hours

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## **INTERVENTIONS:**

- Serial exams every 4-6 hours
- Serial vital signs every 4 hours
- Telemetry monitoring
- ECG 6 hours after initial and for active or worsening chest pain, palpitations, etc.
- Troponin 6-8 hours after initial test
- Diet and/or IV hydration
- Outpatient medications as indicated

Additional work based on patient

- Cardiac— Echocardiogram if suspicion of valvular disease, heart failure or arrhythmia; tilt testing, Holter monitoring, pacemaker evaluation, EP consult
- Neuro— serial neuro checks, Head CT, EEG prn, prn neurology consult

*Please note additional orders, such as patient's home medications can be ordered for standing administration.*

## **DISPOSITION:**

### **Home:**

- Stable vital signs
- Benign observation course
- Resolution of symptoms if applicable
- Tolerating oral intake
- Appropriate and adequate follow up plan

### **Admission:**

- Unstable vital signs
- Significant testing abnormalities
- Symptoms not improved or worsening condition
- Another acute process becomes apparent that requires hospitalization
- Unsafe home environment
- Does not meet discharge criteria after observation period