

ED OBSERVATION UNIT: SYNCOPE/PRESYNCOPE PROTOCOL

NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients.

INCLUSION CRITERIA

- Syncopal or near syncopal episode which cannot be safely discharged home from the ED after initial evaluation
- Minimum ED Intervention: ECG, IV placement, labs including CBC, +/- Troponin, Urine pregnancy in females of child bearing age, AICD/Pacemaker Interrogation if present and suspecting cardiac syncope, +/- Orthostatics and rectal exam

EXCLUSION CRITERIA

- Hemodynamic instability
- Acutely Intoxicated
- Suspicion of acute stroke, TIA or new focal deficit.
- New seizure disorder
- History of or highly suspected ventricular arrhythmia (i.e., EF \leq 35%)
- History of significant valvular disease
- Acute ECG changes, bundle branch block, or significant arrhythmias (v. tach, a. fib, bradycardia, Brugada, WPW, bifascicular or complete heart block), prolonged Qtc (>500ms) without obvious inciting etiology, new ST/T wave changes
- Confirmed presence of dysfunctional cardiac device (PPM, AICD, LVAD)
- Serious cause suspected, e.g. ACS, PE, GI bleed, sepsis, AAA, Aortic Dissection, intracranial bleed, etc.
- Significant injury (fracture, intracranial hemorrhage). Lacerations acceptable.
- Elevated troponin from baseline or significant anemia (Hgb <7 or <8 in patient with CAD)

Last updated 9/10/2020

Reviewed by R. Allen MD, E. Madden MD, R. Balakrishnan MD, S. Brewster MD

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INTERVENTIONS

- Neuro checks with serial exams
- Telemetry monitoring

Additional workup as indicated based on patient

- Cardiac: Serial EKGs, serial troponins, echocardiogram if suspicion of valvular disease (new murmur), heart failure, arrhythmia, structural heart disease (HOCM); Cardiac stress testing; tilt testing; Holter monitoring; EP consult; Cardiology Consult; bilateral carotid duplex if concern for carotid stenosis
- Neuro: serial neuro checks, Head CT, EEG, Neurology consult
- Orthostatics

DISPOSITION

Home:

- No Cardiac/Tele Monitor Events
- Resolution of symptoms if applicable
- Hemodynamic stability
- Mental status at baseline
- PO tolerant

Admission:

- Significant Cardiac/Tele event
- Rising Troponin
- Symptoms not improved or worsening

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