Guideline for the Diagnosis and Management of Syncope

POLICY: Guideline for the Diagnosis and Management of Syncope follows.

Evidence Base Guidelines are intended to serve as a general statement regarding appropriate patient care practices based upon the available medical literature and clinical expertise at the time of development. They should not be considered to be accepted protocol or policy, nor are intended to replace clinical judgment or dictate care of individual patients.

SUPPORTIVE DATA:

1. Syncope is a transient loss of consciousness (LOC) due to transient global cerebral hypoperfusion characterized by rapid onset, short duration, and spontaneous complete recovery.

2. The differentiation between syncope and non-syncopal conditions with real or apparent LOC can be achieved in most cases with a detailed clinical history, but sometimes can be extremely difficult

REFERENCES:

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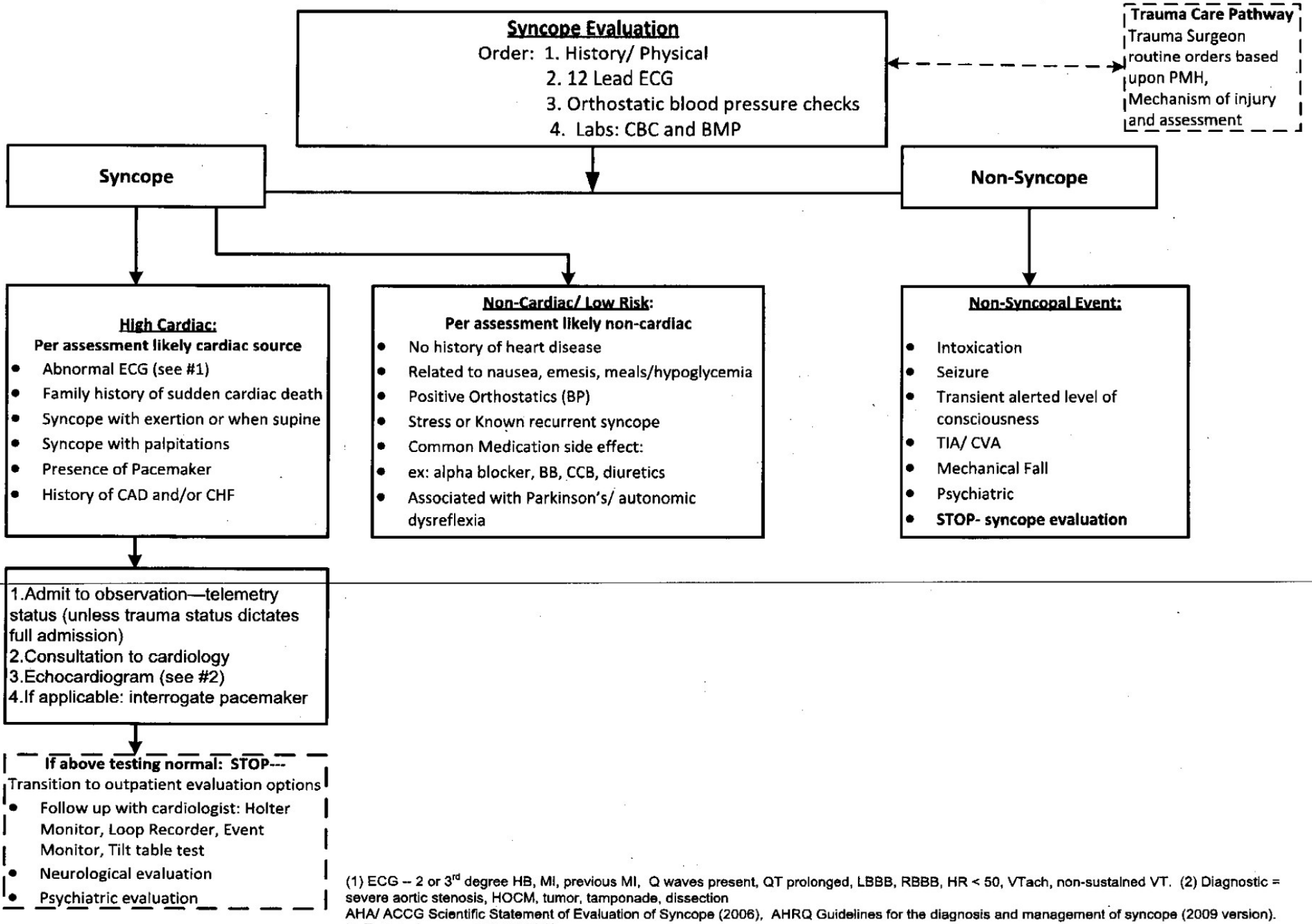
2. Sheldon R, Rose S, Ritchie D, Connolly SJ, Koshman ML, Lee MA, Frenneaux M, Fisher M, Murphy W. Historical criteria that distinguish syncope from seizures. J Am Coll Cardiol 2002;40:142–148.
3. Alboni P, Brignole M, Menozzi C, Raviele A, Del Rosso A, Dinelli M, Solano A, Bottoni N. Diagnostic value of history in patients with syncope with or without heart disease. J Am Coll Cardiol 2001;37:1921–1928

Geriatric "G-60" Trauma Syncope Protocol



(1) ECG -- 2 or 3rd degree HB, MI, previous MI, Q waves present, QT prolonged, LBBB, RBBB, HR < 50, VTach, non-sustained VT. (2) Diagnostic = severe aortic stenosis, HOCM, tumor, tamponade, dissection

AHA/ ACCG Scientific Statement of Evaluation of Syncope (2006), AHRQ Guidelines for the diagnosis and management of syncope (2009 version). UpToDate (accessed **********