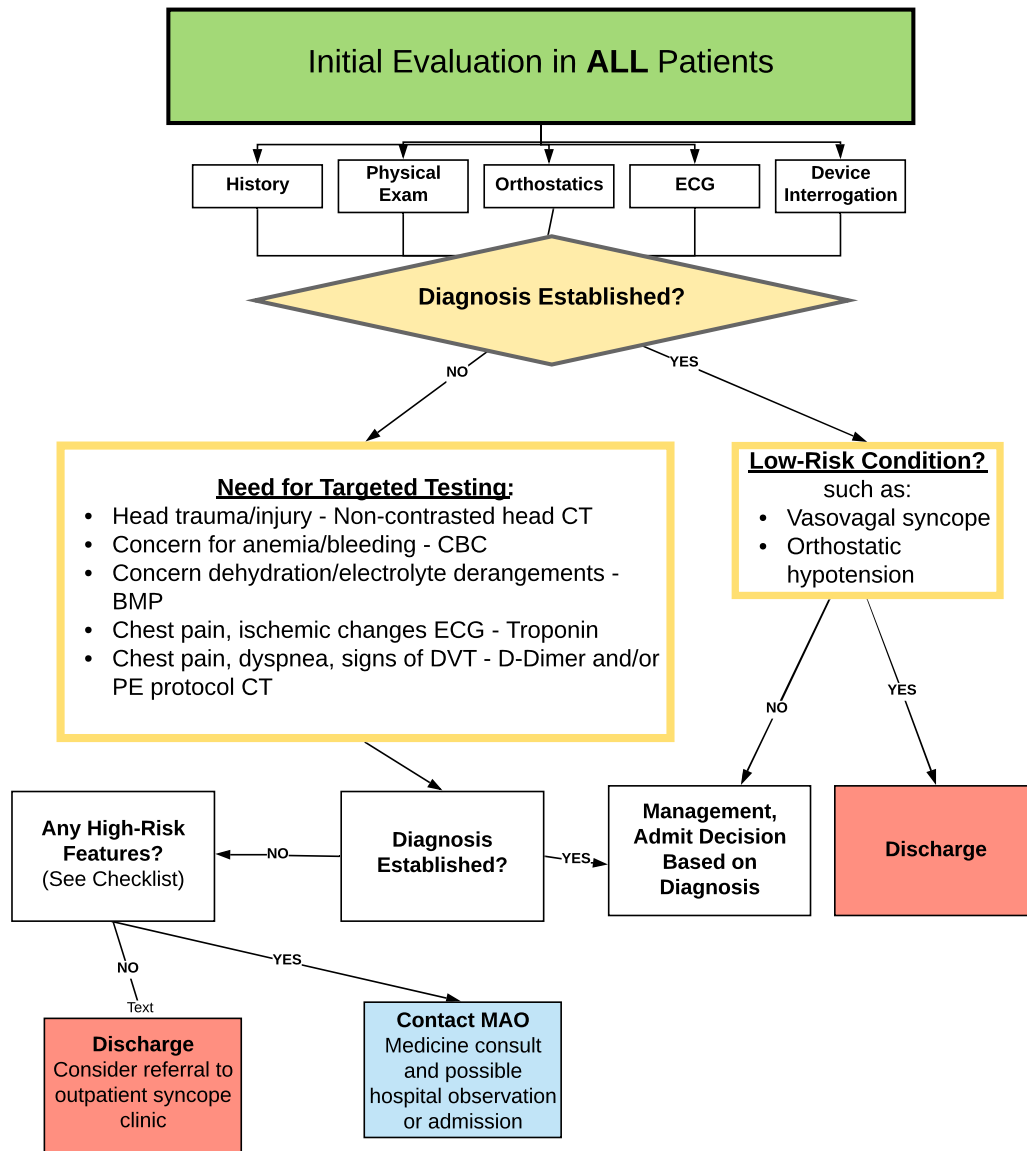


## Syncope - ED Pathway



The hospitalist is a resource for patients who do not fit into the above framework and are available for discussion / consultation (through the Medical Admission Officer - MAO) as needed

### Project Leaders:

Hospitalist Lead: Mike Craig, MD  
 Cardiology Lead: Anil Gehi, MD  
 Emergency Department Lead: Meredith Williamson, MD

### High-Risk Features Checklist

#### History

- New onset CP, SOB, abd. pain
- Syncope during exertion or while supine
- Sudden onset of palpitations immediately followed by syncope
- Family history of sudden cardiac death before age 40
- No or minimal prodrome (if structural heart disease or abnormal ECG)
- Symptoms of GI bleeding

#### Past Medical History

- Severe structural heart disease or CAD (heart failure, low EF, prior MI)

#### Physical Exam

- Unexplained blood pressure < 90 mmHg
- Signs of GI bleeding
- Persistent bradycardia (<40 bpm) while awake in absence of physical training
- Undiagnosed murmur consistent with aortic stenosis or HOCM

#### ECG

- Changes consistent with acute ischemia
- Slow atrial fibrillation (HR < 40) or atrial fibrillation with RVR
- Persistent sinus bradycardia (<40 bpm) or sinus pauses (>3 sec) while awake
- Mobitz II 2nd or 3rd degree AV block
- Bifascicular block or new LBBB
- Long QT (QTc > 460 ms) or Short QT (QTc < 340 ms)
- Sustained or non-sustained VT
- Brugada pattern
- Pre-excitation pattern (WPW)

#### Indications for referral to Outpatient Syncope Clinic from ED

- Recurrent Syncope
- Undiagnosed Syncope
- Patient/Family concerns or request

#### Referral Process

- Place "Ambulatory Referral to Cardiology" order
  - Comments: Outpatient Syncope Clinic - ED Referral