Resuscitate as necessary and address hemodynamic instability and dangerous **effects** from transient loss of consciousness

Specifically assess ECG for
Arrhythmia
Ischemia
Pre-excitation
Brugada syndrome
Hypertrophic obstructive cardiomyopathy
Corrected QT interval > 500 ms
ARVD

History
Physical
ECG

Is there evidence to suggest that the transient loss of consciousness was a seizure?

Neurologic evaluation

Neurological aura
Tonic-clonic movements > 15-30 seconds
Tongue biting
Incontinence
Prolonged post-event confusion or lethargy

Subarachnoid hemorrhage
Pulmonary embolism
Gastrointestinal tract bleeding
Ruptured ectopic pregnancy
Ruptured abdominal aortic aneurysm
Aortic dissection

Does the patient require further testing to exclude non-cardiac dangerous causes of syncope?

Further testing. If non-diagnotic, return to syncope algorithm

Are there features to suggest a structural or arrhythmic cardiac etiology?

Inpatient evaluation

Concerning ECG
Occurred during exertion or supine
Family history of sudden cardiac death
Absence of prodrome
Preceded by palpitations or chest pain
New murmur

Stereotyped prodrome
Noxious stimulus as a precipitant
Positional history (supine to standing)
History of long period of standing
New or increased antihypertensive medications
Stereotyped situation (e.g. micturition)
Response to carotid sinus massage

Are there features to suggest a benign etiology?

Routine outpatient evaluation
Physical counterpressure maneuvers

If still undifferentiated syncope, are there risk factors for short term adverse event? What are the patient and family preferences? What is the patient's safety capital?

Syncope Risk Score

\- → Prompt outpatient evaluation

\+ → Inpatient evaluation

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