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

Neurologic evaluation

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

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

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

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

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

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

Are there features to suggest a benign etiology?

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?

Prompt outpatient evaluation

Inpatient evaluation

Syncope Risk Score

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