

Advanced Cardiac Admission Protocol (ACAP)

## Syncope Pathway (SELF)

To be completed on patients with a diagnosis of Syncope

ADDRESSOGRAPH AREA

**Syncope History:**

Witness     Patient

Length of Episode: 30 secs

Activities prior Syncope: standing

Prodrome: none

After Syncope: get up

**Admission Reasons:** (Please mark all that apply)

- History of CHF     Chest Pain or ACS     BP <90 mmHg
- EKG Changes     Arrhythmia     ST Changes     Long QT
- SOB     History of CAD     Family history of SCD
- Age > 60     Syncope in young patient with no explanation
- BP: Supine: 102/70 HR: 77 Standing: 84/52 HR: 90

**Working Plan:**

- S** Short Period, Self Limited
- E** Early & Rapid Onset
- L** Transient LOC\*
- F** Fall, Full Recovery

**NO LOC**

- Psychogenic     Somatization
- TIA     Seizure Cataplexy

Prolonged LOC

**Is there evidence of trauma?**

No     Yes

**Consider:**    **Consult trauma**

Intoxication

Metabolic disorder: -----

Intracranial hemorrhage

Seizure

Transient Ischemic attack

**Suspected diagnosis**

**CARDIAC SYNCOPES**

**Unexplained**

**Echo**

**Admit to Telemetry**

**Is there evidence of ?**

**YES**     **NO**

- Neural Mediated reflex syncopal syndrome:**
- Vasovagal → head up tilt table in/out Pt.
- Situational faint:  
Cough, Sneeze, Swallowing  
Defecation, Visceral Pain  
Post micturition, post exercise
- Carotid Sinus Syncope → Carotid sinus Massage\*  
\* Perform with patient supine or upright
- Orthostatic hypotension:**
- Volume Depletion, IV Hydration -----
- Medication, -----
- Age related, -----
- Autonomic insufficiency include DM
- Neuro**
- Seizure → Head CT
- CVA → Neurology Consult

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Structural heart Disease</b><br><input type="checkbox"/> LV Systolic Dysfunction<br><input type="checkbox"/> Wall Motion Abnormality<br><input type="checkbox"/> Critical Valvular Heart<br><input type="checkbox"/> Aortic Stenosis<br><input type="checkbox"/> Other<br><input type="checkbox"/> HCM<br><input type="checkbox"/> Other Etiology Congenital, Infiltrative | <input checked="" type="checkbox"/> <b>Abnormal EKG</b><br><input type="checkbox"/> Sinus Bradycardia<br><input type="checkbox"/> Bundle Branch Block<br><input checked="" type="checkbox"/> 2nd & 3rd AV Block<br><input type="checkbox"/> WPW<br><input type="checkbox"/> Long QT Syndrome<br><input type="checkbox"/> Burgada's Syndrome<br><input type="checkbox"/> Other: ----- | <input type="checkbox"/> <b>Abnormal Telemetry</b><br><input type="checkbox"/> Tachyarrhythmia<br><input type="checkbox"/> VT<br><input type="checkbox"/> SVT<br><input type="checkbox"/> A. Fib<br><input type="checkbox"/> A. Flutter<br><input type="checkbox"/> Bradyarrhythmia |
|--|--|---|

**EP Consult**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medical Therapy<br><input type="checkbox"/> Imaging Stress Test<br><input type="checkbox"/> Cardiac Cath<br><input type="checkbox"/> Cardiac Surgery | <input checked="" type="checkbox"/> Sinus node-His bundle Study | <input type="checkbox"/> Full EP Study<br><input checked="" type="checkbox"/> Pacemaker<br><input type="checkbox"/> Ablation<br><input type="checkbox"/> ICD |
|---|---|--|

- Head up tilt table test
- Prolonged EKG monitoring
- Holter monitoring
- Transtelephonic monitoring.
- Implantable loop recording
- D/C Home

**If no evidence of Cardiac disease consider one of these tests**

**Comments:**

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\* LOC: Loss of Consciousness

Resident [Signature] Date 9/19/07