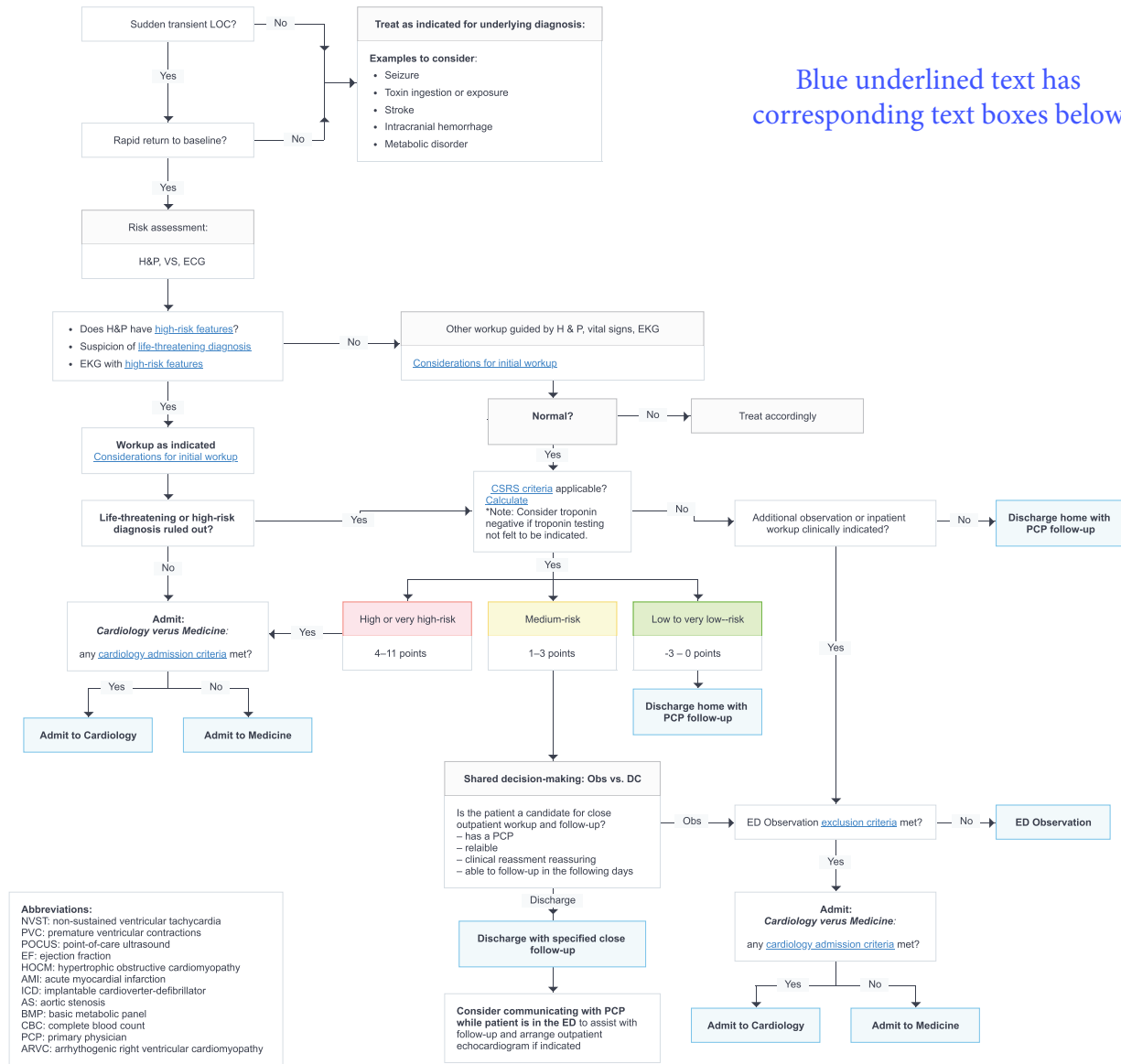


Blue underlined text has corresponding text boxes below



Abbreviations:
 NVST: non-sustained ventricular tachycardia
 PVC: premature ventricular contractions
 POCUS: point-of-care ultrasound
 EF: ejection fraction
 HOCM: hypertrophic obstructive cardiomyopathy
 AMI: acute myocardial infarction
 ICD: implantable cardioverter-defibrillator
 AS: aortic stenosis
 BMP: basic metabolic panel
 CBC: complete blood count
 PCP: primary physician
 ARVC: arrhythmogenic right ventricular cardiomyopathy

- High-risk factors in H&P**
- Palpitations preceding syncope
 - Syncope during exertion
 - History of heart disease
 - Suggested source of bleeding
 - Syncope while supine
 - Absence of prodrome
 - Age ≥ 60
 - Trauma associated with syncopal event

- Example life-threatening diagnoses to consider:**
- Aortic dissection
 - PE
 - MI
 - TIA/Stroke
 - Hemorrhage of any source
 - Any etiology of hypovolemic or distributive shock
 - Hypoperfusing or non-perfusing arrhythmia (V-tach, rapid A-fib/flutter, bradycardia)

- High-risk EKG features:**
- ST, T, or Q wave changes suggestive of myocardial ischemia
 - QT prolongation
 - Brugada pattern
 - Findings suggestive of HOCM
 - Findings suggestive of ARVC
 - Arrhythmia
 - AV block
 - Pre-excitation
 - LVH

- Initial workup considerations:**
- CBC w/ diff
 - BMP
 - Pregnancy test
 - Glucose
 - Troponin with repeat as indicated for suspicion of ACS
 - Chest x-ray
 - Type and screen
 - POCUS echocardiogram
 - Plus additional studies tailored to suspected diagnosis

- CSRS criteria:**
- Inclusion criteria:**
 Presented to ED within 24 hrs of syncope
- Exclusion criteria:**
 - Prolonged duration of LOC (≥ 5 min)
 - Change in mental status from baseline
 - Obvious witnessed seizure
 - Major trauma requiring hospitalization
 - Intoxication with alcohol or illicit drugs
 - Language barrier
 - Head trauma causing LOC

- Cardiology admission criteria:** Determined collaboratively between IM and Cardiology
1. Brady (<50) or tachyarrhythmia (>150) observed
 2. Conduction block, long QT, or ischemic findings on ECG (PVCs/NSVT)
 3. Identified on POCUS: approximate EF <30%, HOCM, aortic stenosis, pericardial effusion
 4. Historical factors: AMI, presence of ICD or pacemaker, sudden cardiac death in family, severe AS, arrhythmia, any form of cardiomyopathy

- ED Obs criteria:**
- Inclusion criteria:**
 - Stable vital signs
 - Patient doesn't not meet exclusion criteria
- Exclusion criteria:**
- Unstable vital signs: SBP <90, HR >120 or <50, RR >24, O2 Sat <91% RA
 - Significant injury associated with syncope (ICH, fracture, etc.)
 - Concerns for active ACS or decompensated heart failure (elevated BNP, single hsTn ≥70 (female) or ≥100 (male) OR with delta hsTn ≥15 if initial troponin >3
 - ESRD/dialysis-dependent
 - History of moderate/severe valvular disease, ventricular arrhythmias
 - Abnormal neurologic exam
 - Hgb <8 or >2 grams below baseline
 - Cardiac device with dysfunction
 - Known etiologies to include intoxication/overdose, seizure, trauma, or AMS
 - New EKG abnormalities:
 - Any ST changes concerning for ischemia
 - Prolonged QTc
 - Prolonged bradycardia <60
 - Conduction blocks to include LBBB, new bifascicular block, any trifascicular block, second or third degree block
 - If TTE needed, cannot enter protocol between Friday at 1600 to Sunday at 1600