Brown Emergency Medicine CDU
Syncope or Near Syncope Diagnostic Pathway

Purpose: To efficiently and accurately triage/risk stratify patients presenting to the ED with near syncope or syncope (transient, sudden loss of consciousness and postural tone with spontaneous recovery without intervention) who have an intermediate risk for an adverse cardiovascular outcome.

Early Discharge Criteria (Patients with *all* of the following criteria should strongly be considered for discharge from the Emergency Department):

- Age <50
- No history of cardiovascular disease, including CHF
- No dyspnea
- Symptoms consistent with reflex-mediated or vasovagal syncope
- Normal physical examination, ECG, Hct >30%

Admission Eligibility Criteria:

- Prior to placement in the CDU, the attending physician must document reason for observation admission, observation plan, and anticipated discharge plan (see example below)

Exclusion Criteria:

- Vital Signs:
  - Temperature >100.4F
  - Heart Rate >100 or symptomatic bradycardia (HR<60)
  - Systolic Blood Pressure <100 mmHg or BP ≥ 180/100 on 2 consecutive readings
  - Pulse Oximetry < 93%
- Acute Comorbidities (requiring hospitalization or active management):
  - Chest pain that would cause Observation admission on it's own
  - ECG changes or an elevated biomarker
  - Signs of decompensated congestive heart failure
  - Moderate/severe valvular disease
  - History of ventricular arrhythmias
  - ECG/cardiac monitor findings of ischemia
  - Cardiac devices (pacemaker or defibrillator/AICD PPM) with dysfunction
  - Clinical concern for malignant dysrhythmias, including:
    - Prolonged QTc (>450 ms)
    - Trifascicular block or pauses between 2 and 3 seconds
    - Nonsustained ventricular tachycardia without symptoms

Any condition found on the "CDU Universal Exclusion Criteria" list

- Requiring more assistance for ADLs than the CDU is capable of safely providing (one assist/patient for units with 5:1 maximum staff:patient ratio and no assists for units with >5:1 maximum staff:patient ratio)
- Unlikely discharge within 48-hrs. (ED attending discretion)

*Note- **The following patients should have an Echocardiogram ordered:**

- Known or suspected structural heart disease
- New or worsening murmur
- Exertional syncope/Suspected Hypertrophic Cardiomyopathy
- Concern for systolic dysfunction
- ***Echocardiograms are not available on Saturday, Sunday or Holidays*** *(On rare occasions, consult with the cardiology fellow prior to admission to the CDU may result in an am Echocardiogram on Saturday if there is an open spot when the fellow and Echo tech prioritize hospitalized patients and review availability. This is rarely possible and an echo should never be promised to a CDU patient when admitted on a Friday, Saturday or on the Eve of a holiday.*

*Note- **Cardiology consult should only be for Syncope patients with:**

- Concomitant Chest pain or elevated Troponin.
- Complex cardiac patient without plausible vaso-vagal syncope or dehydration/orthostasis.
- ***Most syncope patients do not require cardiology consult***

Example of MDM justifying admission to the CDU:

"Mr. Doe is a 55yo M who presented with an unheralded syncopal episode. He had no chest pain, dyspnea, palpitations, or other angina equivalents and feels completely well at this time. Labs are normal. He is well appearing. Based on his history and EKG, I have concern for possible structural heart disease. I am also concerned about a possible transient arrhythmia. We will obtain labs, monitor on telemetry, and obtain an echo in the morning. If the echo is abnormal, we will consult cardiology. Otherwise, if no events on telemetry and a normal echo, the patient will likely be discharged with close PCP follow up and strict return precautions."

** References include: SFSR, SEEDS study, RCT Annals 2014, ESC 2009 guidelines*

Last Update: 12/18/22*, EEG*