Syncope

START HERE

History matters most
Witness account, posture, prodrome, trigger, recovery

Examination
ABCDE, cardio and neuro exam

12-lead ECG
For everyone

Lying + standing BP
When postural cause possible

Targeted tests
No routine Holter or echocardiogram

The truth lies in the history. Use NICE assessment and targeted tests.

COMMON CAUSES TO SPOT

1 VASOVAGAL SYNCOPE



THE 3 PS

- **Prodrome** warm, sweaty, nauseated
- **Posture** prolonged standing
- **Provocation** pain, needles, emotion

WHAT TO DO

- Typical story + ECG: clinical diagnosis
- Fluids, reassurance, avoid triggers
- Lie down early, use counter-pressure moves

No routine echo or Holter if uncomplicated.

2 ORTHOSTATIC HYPOTENSION



THINK OF THE 3 DS

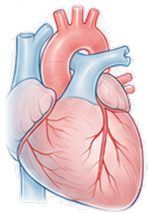
- **Dehydration**
- **Dysautonomia** diabetes, Parkinson's
- **Drugs** especially antihypertensives

DETECT + MANAGE

Measure lying / standing BP. Drop of **≥20 systolic or ≥10 diastolic** mmHg supports the diagnosis.

Hydrate, review medications and treat the cause.

3 STRUCTURAL CARDIAC CAUSES



RED FLAGS

- Heart murmur
- Syncope **during** exertion
- Family sudden cardiac death **<40**
- Heart failure or new breathlessness

WHAT MATTERS

- Senior / cardiology assessment
- Echo if structural disease suspected
- Think aortic stenosis, HCM

4 ARRHYTHMIC SYNCOPE



RED FLAGS

- No prodrome
- Palpitations before collapse
- Abnormal ECG
- Supine / exertional collapse

MONITORING

- Suspected arrhythmia: ambulatory ECG
- **Holter** if several episodes each week

Not everyone needs a Holter.

! WHEN TO THINK SEIZURE



- Tongue bite, head turning, odd posturing
- Prolonged jerking or post-event confusion
- Déjà vu / jamais vu beforehand

Remember: brief anoxic jerks can occur in a faint. Jerking alone does not prove epilepsy.

ALSO REMEMBER

Witness history

12-lead ECG for all

Echo / Holter only if indicated