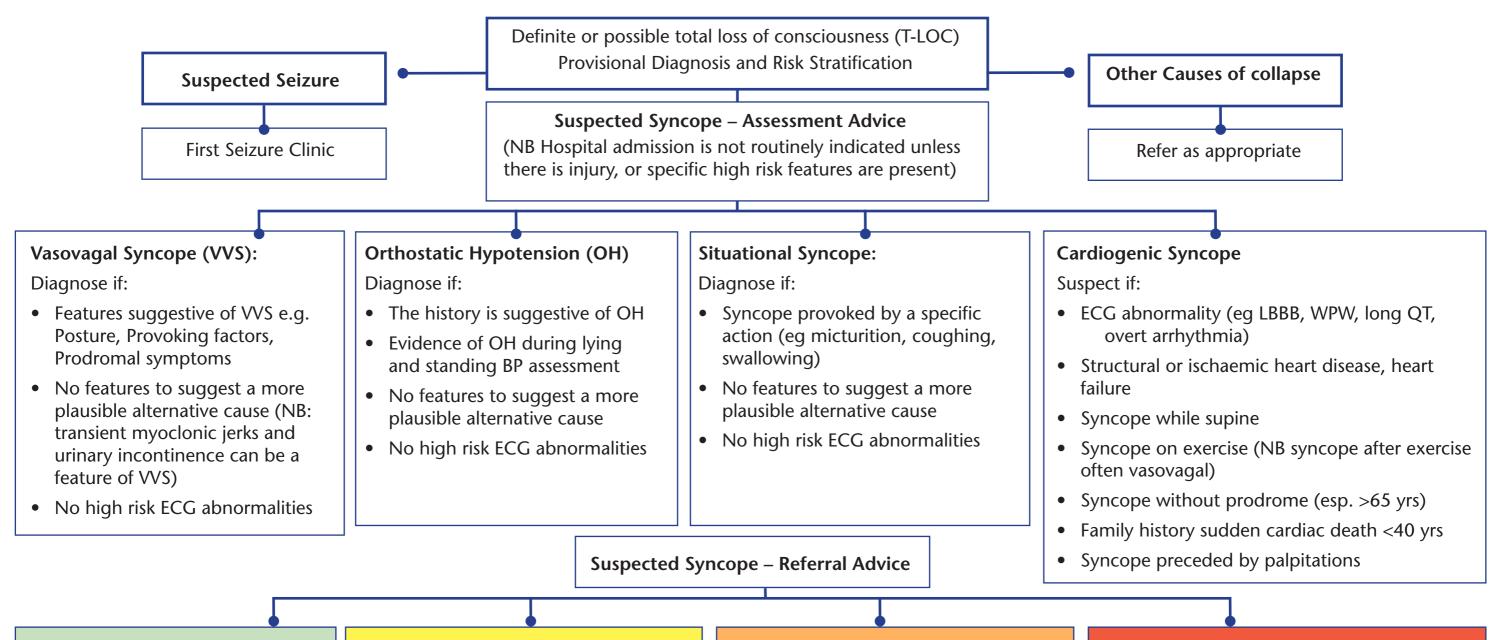
Syncope Pathway for Emergency Department & Secondary Care QEUH





Discharge with information letter to Primary Care

- Uncomplicated and infrequent VVS or OH.
- Uncomplicated and infrequent situational syncope (e.g cough, swallowing, or micturition syncope)

Discharge with routine referral to Rapid Access Syncope Clinic (RASCL)

- Syncope of unknown cause without high risk ECG features
- Frequent VVS or OH persisting after initial conservative management has been attempted

Consider discharge with urgent referral to Cardiology Clinic or Rapid Access Syncope Clinic (RASCL)

- Suspected cardiogenic syncope
- Frequent recurrent unexplained syncope
- Injury as a result of syncope
- Occupational or driving implications

Patients who may require immediate admission to Hospital

- Causative arrhythmia identified
- Injury requiring hospitalisation
- High probability of cardiogenic syncope, especially if <12 hours of presentation, or multiple episodes
- Other factors may influence the need for admission e.g. frailty, co-morbidities

NB: Remember to advise patients about driving (see Driving Guidelines).

Do not refer alcohol related blackouts to Syncope Service.