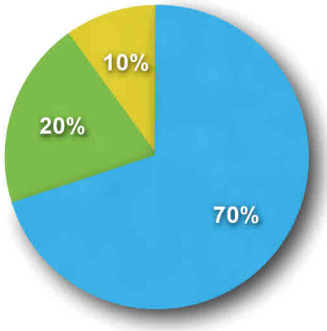
Syncope History



History: This patient has suffered with a collapse.

Task: Take a history, discuss the important features in the examination and suggest the appropriate investigation.

Marking criteria	Not Completed	Partially Completed	Completed
Washes hands, introduction			
Asks for account of circumstances surrounding episode Precipitant (heat, fatigue, alcohol, pain, emotional) Position (lying, standing, sitting) Activity (rest, exertion, change in posture, coughing)			
Asks about presyncopal symptoms feeling faint or dizziness, vertigo, weakness, sweatiness, nausea, visual changes, paraesthesias, aura			
Asks specifically about headache and chest pain, palpatations, diplopia, neurological deficit			
Asks if patient remembers striking the ground			
Asks about duration of loss of consciousness (seconds arrhythmia, minutes vasovagal)			
Asks about postsyncopal symptoms oral trauma, myalgia, confusion			
Asks specifically about trauma resulting from collapse			
Asks history from witnesses Convulsive activity, duration, post event confusion			
Asks about repeated episodes			
Takes PMH			
Takes Drug history			
Takes Family history			
Explains need for complete cardiovascular exam			
Explains need for ECG, BM, beta HCG, pregnancy test in young females, rectal exam +/- FBC haematocrit			
Summerises findings, avoids medical jargon			
Invites questions, Thanks patient			
Overall			

Syncope History

Level 1 Understanding (basic sciences)

How would you categorize the cases of syncope?

Cardiac: Low output states (valvular, CCF, cardiomyopathy), Ventricular arrhythmias, SVT, WPW, Brugada syndrome, prolonged QT syndrome, Bradyarrhythmias, hypertrophic obstructive cardiomyopathy, MI, aortic dissection, tamponade

Non-cardiac: vasovagal, dehydration, situational syncope, neurologic

Level 2 Understanding (applied sciences)

What are the DVLA guidelines for syncope and driving?

Neurological disorders	Group 1	Group 2
1. Simple Faint Definite provocational factors with associated prodromal symptoms and which are unlikely to occur whilst sitting or lying. Benign in nature. If recurrent, will need to check the 3 "Ps" apply on each occasion (provocation/prodrome/postural).	No driving restrictions. DVLA need not be notified.	No driving restrictions DVLA need not be notified
2. Loss of consciousness/ loss of or altered awareness likely to be unexplained syncope and **low risk** of re-occurrence These have no relevant abnormality on CVS and neurological examination and normal ECG.	Can drive 4 weeks after the event.	Can drive 3 months after the event.
3. Loss of consciousness/ loss of or altered awareness likely to be unexplained syncope and **high risk** of re-occurrence Factors indicating high risk: (a) abnormal ECG (b) clinical evidence of structural heart disease (c) syncope causing injury, occurring at the wheel or whilst sitting or lying (d) more than one episode in previous six months. Further investigations such as ambulatory ECG (48hrs), echocardiography and exercise testing may be indicated after specialist opinion has been sought.	Can drive 4 weeks after the event if the cause has been identified and treated. If no cause identified, then require 6 months off.	NB Cough Syncope as above Can drive after 3 months if the cause has been identified and treated. If no cause identified, then licence refused/revoked for one year.
4. Presumed loss of consciousness/loss of or altered awareness **with** seizure markers The category is for those where there is a strong clinical suspicion of epilepsy but no definite evidence. The seizure markers act as indicators and are not absolutes – unconsciousness for more than 5 mins. -amnesia greater than 5 mins -injury -tongue biting -incontinence -remain conscious but with confused behaviour -headache post attack	1 year refusal/ revocation.	5 years refusal/revocation.
5. Loss of consciousness/loss of or altered awareness **with no** clinical pointers This category will have had appropriate neurology **and** cardiac opinion and investigations but with no abnormality detected.	Refuse/revoke 6 months	Refuse/revoke 1 year

Level 3 Understanding (advanced sciences/management)

Name a syncope scoring system and it's components:

San Francisco Syncope Rule, The mnemonic is CHESS:

- C - History of congestive heart failure
- H - Hematocrit < 30% (packed red cell volume ie anaemia)
- E - Abnormal ECG
- S - Shortness of breath
- S - Triage systolic blood pressure < 90

OESIL Risk Score

Age >65, history of cardiovascular disease, syncope without prodrome, abnormal ECG

ACP and ACEP also have admission guidelines