Syncope/Transient Loss of Consciousness (TLoC) Pathway

NHS Camden Clinical Commissioning Group

This pathway has been developed from published guidance, in collaboration with local cardiologists.

This guidance is to assist GPs in decision making and is not intended to replace clinical judgment.

History of blackout/transient loss of consciousness

Detailed history/witness (collateral) history
Check if any injury sustained
Cardiac examination (including Lying + Standing BP)

Is there a history of:

- Murmur
- Family history of sudden death <40
- Abnormal ECG or inherited cardiac condition
- Known structural heart disease
- Heart failure
- Chest pain
- Syncope during exercise
- New or unexplained breathlessness

Consider referring anyone aged >65yrs with TLoC without prodromal symptoms

Yes → Urgent referral

No

*Please advise all patients with regards to medical fitness to drive recommendations / DVLA notifications and consider implications of their episode for health and safety at work.

Diagnose uncomplicated faint/vasovagal syncope when:
There are no features to suggest and alternative diagnosis and there are features of the **3 Ps:**

- **Posture** (prolonged standing, or similar episodes that have been prevented by lying down)
- **Provoking** factors (such as pain or a medical procedure)
- **Prodromal** symptoms (such as sweating or feeling warm/hot before TLoC).

Diagnose situational syncope when:
There are no features to suggest an alternative diagnosis and syncope is clearly and consistently provoked by straining during micturition (usually while standing) or by coughing or swallowing

Yes → Reassure
Lifestyle modification (to include caffeine and alcohol avoidance and adequate hydration)

No

ECG + Echo (consider cost effective provider)
Bloods: FBC, U+Es, TFT, fasting glucose/random BM

ECG abnormalities
Treat as red flag and refer:

- Conduction abnormality
- Evidence of long (corrected QT >450ms) and short QT (corrected QT<350ms)
- Any ST segment or T wave abnormalities

Suspected epilepsy

Detailed history:

- Tongue biting
- Head turning to one side
- No memory of abnormal behaviour
- Unusual posturing
- Prolonged limb-jerking
- Confusion after the event Prodromal déjà vu

Refer to Neurology*

Postural Tachycardia Syndrome
Symptoms include headaches, fatigue, palpitations, sweating, nausea, fainting and dizziness and are associated with an increase in heart rate from the lying to upright position of greater than 120 beats per minute within 10 minutes of standing

If Postural Tachycardia Syndrome confirmed refer to cardiology

Orthostatic hypotension
(consider if there are no features suggesting an alternative diagnosis)
Orthostatic hypotension is defined as a decrease in systolic BP by 20mmHg or more on standing up

Postural BP x3
Repeat measurements while standing for 3 minutes

Medication review and lifestyle advice

Refer to cardiology if no improvement

Cardiological causes

Are the ECG and echo normal?

Yes → Single or infrequent similar episodes?

Yes → Reassure

No → Refer to cardiology*

No → Structural heart disease Arrhythmia → Refer to cardiology*

Dizziness

Consider ENT or neurological causes if cardiac causes ruled out

Consider Health Services for Elderly People if frail and/or associated with falls

References
https://www.nice.org.uk/guidance/cg109

Comments & enquiries relating to medication:
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