The College of Emergency Medicine

HALF A DOZEN THINGS TO KNOW ABOUT TRANSIENT LOSS OF CONCIOUSNESS ("BLACKOUTS")

CEM SUMMARY OF NICE GUIDELINE CG109 (2010) http://guidance.nice.org.uk/CG109

1. Diagnose **uncomplicated faint** (vasovagal syncope) on the basis of the initial assessment when:
   - There are no features that suggest an alternative diagnosis (brief seizure activity can occur during uncomplicated faints and is not necessarily diagnostic of epilepsy) **and**
   - There are features suggestive of uncomplicated faint (the 3 "P"s) such as:

     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). **[1.1.4.3]**

   Consider that the episode may not be related to epilepsy if any of the following features are present:
   - Prodromal symptoms that on other occasions have been abolished by sitting or lying down
   - Sweating before the episode
   - Prolonged standing that appeared to precipitate the TLoC
   - Pallor during the episode.

2. Refer within 24 hours for specialist **cardiovascular assessment**, anyone with TLoC who also has any of the following: **[1.1.4.2]**
   - ECG abnormality **[1.1.2.2 and 1.1.2.3]**
   - Heart failure (history or physical signs)
   - TLoC during exertion
   - Family history of sudden cardiac death in people aged younger than 40 years and/or an inherited cardiac condition
   - New or unexplained breathlessness
   - A heart murmur.

   Consider referring within 24 hours for cardiovascular assessment, as above, anyone aged older than 65 years who has experienced TLoC without prodromal symptoms. **[1.1.4.2]**

3. Refer people who present with one or more of the following features (features strongly **suggestive of epileptic seizures**) for an assessment by a specialist within 2 weeks **(NICE clinical guideline 20):**
   - A bitten tongue
   - Head-turning to one side during TLoC
   - No memory of abnormal behaviour that was witnessed before, during or after TLoC
   - Unusual posturing
   - Prolonged limb-jerking
   - Confusion following the event
   - Prodromal déjà vu, or jamais vu. **[1.2.2.1]**

4. For people with a **suspected cardiac arrhythmic** cause of syncope, offer an ambulatory ECG. Do not offer a tilt test as a first-line investigation. The type of ambulatory ECG offered should be chosen on the basis of the person's history (and, in particular, frequency) of TLoC. **[1.3.2.4]**

5. For people with **suspected vasovagal syncope** with recurrent episodes of TLoC adversely affecting their quality of life, or representing a high risk of injury, consider a tilt test only to assess whether the syncope is accompanied by a severe cardioinhibitory response (usually asystole). **[1.3.2.6]**

6. For people who have experienced syncope **during exercise**, offer urgent (within 7 days) exercise testing, unless there is a possible contraindication (such as suspected aortic stenosis or hypertrophic cardiomyopathy requiring initial assessment by imaging).
   Advise patient to refrain from exercise until informed otherwise **[1.3.2.2]**