

## **Syncope Care Pathway**

### **Admission Criteria to OBS**

Loss of consciousness without clear etiology, elderly with multiple co-morbidities , family history of sudden cardiac death, palpitations without positive initial EKG findings, or positive orthostatic despite initial fluid boluses.

### **ED assessment**

EKG, Orthostatic x1, PharmD to review med list

Labs: Troponin, BNP, CBC, BMP, glucose POC

Consider: pacemaker eval. if applicable

Avoid: Carotid US if no neuro symptoms (AAN), CT head if no neuro symptoms (ACEP, ACP)

### **OBS unit work up**

Orthostatic x 1 upon arrival to floor (while awake)

IV fluids if suspect dehydration

24 hour remote telemetry

Echocardiogram if not done in 6 months

PT evaluation

Repeat abnormal labs following day

### **Consider/Convert to Inpatient**

Seizure, Altered mental status

Head trauma or Positive findings on head CT scan

Known moderate to severe valve disease

Serious arrhythmias on ED EKG that require telemetry / cardiac floor

Severe or acute anemia (hgb 9 or less; drop of 2 grams from baseline)

Persistent SOB or Pulmonary Emboli

### **Discharge/transfer from OBS unit**

No significant findings on remote telemetry

No further recurrence of syncope

Negative orthostatics after adequate hydration

Return to baseline functional status