Transient Loss of Consciousness - suspected cardiac cause

External resources

- Guidelines on Management (Diagnosis and Treatment) of Syncope – Update 2004, link, (European Society of Cardiology, 2004).
- Cardiology – Syncope Patient Pathway, link, (Centre for Change and Innovation – NHS Scotland, 2005).
- Transient loss of consciousness ('blackouts') in over 16s NICE quality standard [QS71] Published date: October 2014 https://www.nice.org.uk/guidance/js71

What to consider in Primary Care before referring:

Syncope is common, disabling and possibly associated with sudden cardiac death. It can be the only symptom of arrhythmia.

Causes of syncope may be vasovagal syncope, situational syncope (provoked by straining during micturition, coughing or swallowing), orthostatic, neurological (e.g. epilepsy) or cardiovascular.

Features suggestive of an uncomplicated vasovagal syncope are the 3 Ps:

- Posture - prolonged standing or similar episodes that have been prevented by lying down
- Provoking factors (such as pain or medical procedure)
- Prodromal symptoms (such as sweating/feeling warm or hot before syncope)
Initial assessment
Assessment should include a history, lying and standing BP, clinical examination and ECG.
Assign the suspected cause of syncope to one of the following:
- structural heart disease (normal ECG excludes)
- cardiac arrhythmia
- neurally mediated
- Unexplained

Investigation
Record a 12 lead ECG
If any of the following abnormalities are reported in the ECG then treat as red flag:
- conduction abnormality (LBBB, heart block)
- Long or short QT interval
- ST segment or T wave abnormalities

People with suspected cardiac arrhythmic and normal ECG and
- Symptom of syncope/total loss of consciousness occurring several times a week, offer 24hr Holter monitoring.
  OR;
- Symptoms occurring every 1-2 weeks refer for an external event recorder.

Referral threshold
- Recurrent pre-syncope/syncope
- For root cause diagnosis if positive for any of the above investigations

Secondary care resource:
Consider referral to Cardiology after direct access ECHO and 24 hour tape amongst other investigations

**Urgent referral threshold**

- Angina with syncope (usually abnormal ECG)
- Syncope with known structural heart disease
- Exercise induced syncope i.e. syncope during exertion
- Syncope with family history of sudden cardiac death
- Syncope plus a heart murmur
- Syncope plus unexplained breathlessness

Urgent referral/999 for emergency admission.