MANAGING PATIENTS WITH BLACKOUTS

Thorough clinical evaluation in a Rapid Access Blackouts Triage Clinic
All Patients Must Have an ECG

Collapse? Cause

Did the patient have a spontaneous blackout (T-LOC)?

No

Yes, or uncertain

Includes*

12 lead ECG with appropriate report

Abnormal

Normal

Is there a family history of SCD<40?

No

Yes

Is there any history of brain injury?

No

Yes

Is there new or evolving neurological deficit?

No

Yes

Is there significant structural heart disease?

No

Yes

Does T-LOC occur on exercise?

No

Yes

Features that strongly suggest epilepsy**?

No

Yes

Features that strongly suggest Reflex Syncope**?

Reassurance, await developments

Uncertainty about Diagnosis?

Recurrent symptoms

REFERRAL PATHWAY

Prompt evaluation by neurologist

Prompt evaluation by cardiologist

Red Flag Response = Action Required

Green Flag = Reassurance

Consider Falls, TIA/CVA Drug misuse and Usual Care*

e.g. previous MI heart failure cardiomyopathy heart valve disease

e.g. tonic/clonic movements cyanosis incontinence lateral tongue-biting prolonged post-ictal confusion

e.g. occurs when standing, extreme pallor, random limb jerks, always collapse to floor, quick recovery

Ideally, sent to digital archive. Patients should also receive a paper copy