POINT-OF-CARE GP (& OOH)
SOME OUT-OF-HOURS CARE (OOH) IS NOT DOCTOR PROVIDED

Collapse ? Cause

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

Yes, or uncertain

Is there a family history of SCD<40?

Yes

Is there any history of brain injury?

Yes

Is there significant structural heart disease?

Yes

Does T-LOC occur on exercise?

Yes

Features that strongly suggest epilepsy?

Yes

Features that strongly suggest Reflex Syncope?

Yes

12 lead ECG and report here:

Abnormal

Normal

Reassurance, await developments

Uncertainty about Diagnosis?

Yes

Recurrent symptoms

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 postictal confusion

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

REFERRAL PATHWAY

Prompt evaluation by neurologist

Prompt evaluation by cardiologist

Refer to rapid access Blackouts Clinic

Developed and approved by the Dept of Health Expert Reference Group on Cardiac Arrhythmias & Sudden Cardiac Death (NSF Chapter 8)

http://www.dh.gov.uk/assetRoot/04/10/60/40/04106040.pdf