### POINT-OF-CARE A&E

**Collapse? Cause**

- **Did the patient have a spontaneous blackout (T-LOC)?**
  - **No**
  - Includes*
  - **Yes, or uncertain**

**12 lead ECG with appropriate report**

- **Normal**
  - **No**
  - **Is there a family history of SCD<40?**
    - **Yes**
    - **No**
    - **Is there any history of brain injury?**
      - **Yes**
      - **No**
      - **Is there significant structural heart disease?**
        - **Yes**
        - **No**
        - **Does T-LOC occur on exercise?**
          - **Yes**
          - **No**
          - **Features that strongly suggest epilepsy?**
            - **Yes**
            - **No**
            - **Features that strongly suggest Reflex Syncope?**
              - **Yes**
              - **No**
              - **Reassurance, await developments**

- **Abnormal**
  - **Yes**
  - 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

**Recurrence? Symptoms**

- **Uncertainty about Diagnosis?**
  - **Yes**
  - **No**

**Referral Pathway**

- **Prompt evaluation by neurologist**
- **Prompt evaluation by cardiologist**
- **Refer to rapid access Blackouts Clinic**

*Includes* Falls, Tia/CVA Drug misuse and Usual Care*

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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