Working together to improve the diagnosis, treatment and quality of life for all those affected by arrhythmias

 POINT-OF-CARE A&E

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

Yes, or uncertain

Indications

12 lead ECG with appropriate report

Abnormal

Normal

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 Respiratory Syncote?

Yes

Reassurance, await developments

No

Uncertainty about Diagnosis

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

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