**Syncope/Transient Loss of Consciousness (TLoC) Pathway**

This pathway has been developed from published guidance, in collaboration with local cardiologists.

This guidance is to assist GPs in decision making and is not intended to replace clinical judgment.

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**References**

https://www.nice.org.uk/guidance/cg109

Comments & enquiries relating to medication:

CCCG Medicines Management Team

medicinesccg@nhs.net

Clinical Contact for pathway queries: Camden.pathways@nhs.net

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**History of blackout/transient loss of consciousness**

- Detailed history/witness (collateral) history
  - Check if any injury sustained
  - Cardiac examination (including Lying + Standing BP)

**Is there a history of:**

- Murmur
  - Family history of sudden death <40
  - Abnormal ECG or inherited cardiac condition
  - Known structural heart disease
  - Heart failure
  - Chest pain
  - Syncope during exercise
  - New or unexplained breathlessness

  Consider referring anyone aged >65yrs with TLoC without prodromal symptoms

**Diagnose uncomplicated faint/vasovagal syncope when:**

There are no features to suggest alternative diagnosis and there are features of the 3 Ps:

- **Posture** (prolonged standing, or similar episodes that have been prevented by lying down)
- **Prodromal** symptoms (such as sweating or feeling warm/hot before TLoC).

**Diagnose situational syncope when:**

- There are no features to suggest an alternative diagnosis and syncope is clearly and consistently provoked by straining during micturition (usually while standing) or by coughing or swallowing

**ECG + Echo (consider cost effective provider)**

**Bloods**: FBC, U+E+s, TFT, fasting glucose/random BM

**Postural Tachycardia Syndrome**

Symptoms include headaches, fatigue, palpitations, sweating, nausea, fainting and dizziness and are associated with an increase in heart rate from the lying to upright position of greater than 120 beats per minute within 10 minutes of standing

**Orthostatic hypotension**

(consider if there are no features suggesting an alternative diagnosis)

Orthostatic hypotension is defined as a decrease in systolic BP by 20mmHg or more on standing up

**Are the ECG and echo normal?**

- Yes
  - No improvement
  - Refer to cardiology

**Postural BP x3**

Repeat measurements while standing for 3 minutes

**Medication review and lifestyle advice**

**Refer to Neurology**

- If Postural Tachycardia Syndrome confirmed refer to cardiology

**Suspected epilepsy**

- Tongue biting
- Head turning to one side
- No memory of abnormal behaviour
- Unusual posturing
- Prolonged limb jerking
- Confusion after the event
- Prodromal deja vu

**Postural BP x3**

Repeat measurements while standing for 3 minutes

**If Postural Tachycardia Syndrome confirmed refer to cardiology**

**Cardiological causes**

**Dizziness**

**Consider Health Services for Elderly People if frail and/or associated with falls**

**ECG abnormalities**

- Treat as red flag and refer
  - Conduction abnormality
  - Evidence of long (corrected QT >450ms) and short QT (corrected QT<350ms)
  - Any ST segment or T wave abnormalities

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Pathway created by NCL

Approved by NCL

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