

Advanced Cardiac Admission Protocol (ACAP)  
**Syncope Pathway (SELF)**

To be completed on patients with a diagnosis of Syncope

ADDRESSOGRAPH AREA

**Syncope History:**

Witness     Patient

Length of Episode: -----

Activities prior Syncope: -----

Prodrome: -----

After Syncope: -----

**Admission Reasons:** (Please mark all that apply)

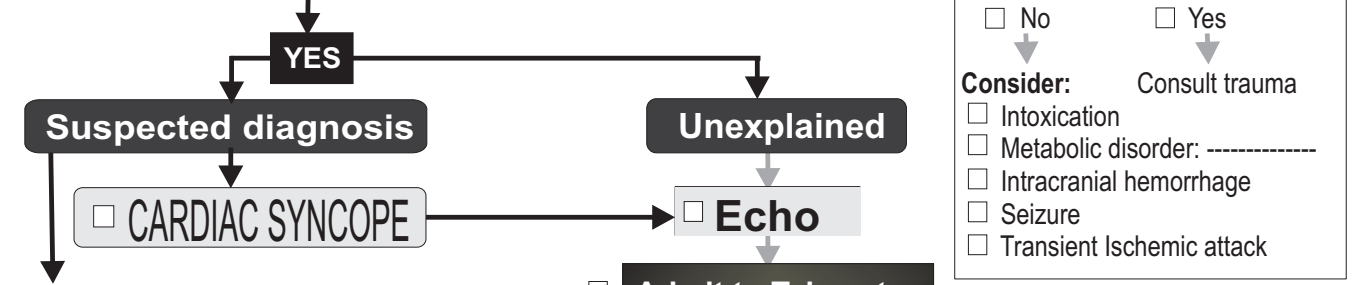
- History of CHF     Chest Pain or ACS     BP <90 mmHg
- EKG Changes     Arrhythmia     ST Changes     Long QT
- SOB     History of CAD     Family history of SCD
- Age > 60     Syncope in young patient with no explanation
- BP: Supine: -----/----- HR: ----- Standing: -----/----- HR: -----

**Working Plan:**

- S Short Period, Self Limited**
- E Early & Rapid Onset**
- L Transient LOC\***
- F Fall, Full Recovery**

**NO LOC** →  Psychogenic     Somatization

TIA     Seizure Cataplexy



**Neural Mediated reflex syncopal syndrome:**

Vasovagal → head up tilt table in/out Pt.

Situational faint:

Cough, Sneeze, Swallowing

Defecation, Visceral Pain

Post micturition, post exercise

Carotid Sinus Syncope → Carotid sinus Massage\*

\* Perform with patient supine or upright

**Orthostatic hypotension:**

Volume Depletion, IV Hydration -----

Medication, -----

Age related, -----

Autonomic insufficiency include DM

**Neuro**

Seizure → Head CT

CVA → Neurology Consult

**Admit to Telemetry**

**Is there evidence of ?**    **YES**    **NO**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Structural heart Disease</b> | <input type="checkbox"/> <b>Abnormal EKG</b> | <input type="checkbox"/> <b>Abnormal Telemetry</b> |
| <input type="checkbox"/> LV Systolic Dysfunction         | <input type="checkbox"/> Sinus Bradycardia   | <input type="checkbox"/> Tachyarrhythmia           |
| <input type="checkbox"/> Wall Motion Abnormality         | <input type="checkbox"/> Bundle Branch Block | <input type="checkbox"/> VT                        |
| <input type="checkbox"/> Critical Valvular Heart         | <input type="checkbox"/> 2nd & 3rd AV Block  | <input type="checkbox"/> SVT                       |
| <input type="checkbox"/> Aortic Stenosis                 | <input type="checkbox"/> WPW                 | <input type="checkbox"/> A. Fib                    |
| <input type="checkbox"/> Other                           | <input type="checkbox"/> Long QT Syndrome    | <input type="checkbox"/> A. Flutter                |
| <input type="checkbox"/> HCM                             | <input type="checkbox"/> Burgada's Syndrome  | <input type="checkbox"/> Bradyarrhythmia           |
| <input type="checkbox"/> Other Etiology                  | <input type="checkbox"/> Other: -----        |  |
| <input type="checkbox"/> Congenital, Infiltrative        |  |  |

**EP Consult**

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Medical Therapy     | <input type="checkbox"/> Sinus node-His bundle Study | <input type="checkbox"/> Full EP Study |
| <input type="checkbox"/> Imaging Stress Test |  | <input type="checkbox"/> Pacemaker     |
| <input type="checkbox"/> Cardiac Cath        |  | <input type="checkbox"/> Ablation      |
| <input type="checkbox"/> Cardiac Surgery     |  | <input type="checkbox"/> ICD           |

**Comments:**

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- Head up tilt table test
- Prolonged EKG monitoring
- Holter monitoring
- Transtelephonic monitoring.
- Implantable loop recording
- D/C Home

**If no evidence of Cardiac disease consider one of these tests**

\* LOC: Loss of Consciousness

Resident \_\_\_\_\_ Date \_\_\_\_\_