# artsportaal

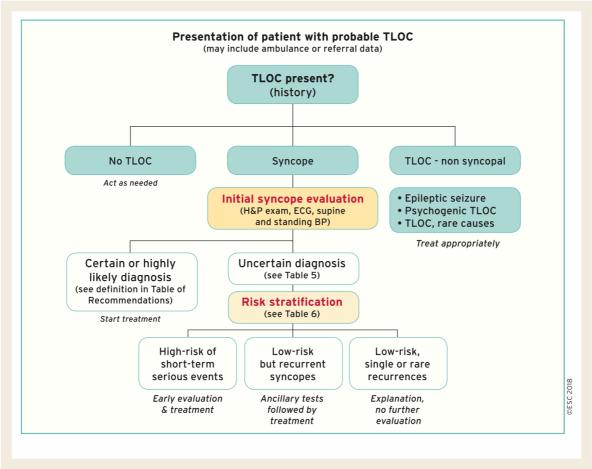


Figure 4 Flow diagram for the initial evaluation and risk stratification of patients with syncope. BP = blood pressure; ECG = electrocardiogram; H&P exam = history and physical examination; TLOC = transient loss of consciousness.



Table 6 High-risk features (that suggest a serious condition) and low-risk features (that suggest a benign condition) in patients with syncope at initial evaluation in the emergency department

#### SYNCOPAL EVENT

## Low-risk

- Associated with prodrome typical of reflex syncope (e.g. light-headedness, feeling of warmth, sweating, nausea, vomiting)<sup>36,49</sup>
- After sudden unexpected unpleasant sight, sound, smell, or pain<sup>36,49,50</sup>
- After prolonged standing or crowded, hot places<sup>36</sup>
- During a meal or postprandial<sup>51</sup>
- Triggered by cough, defaecation, or micturition<sup>52</sup>
- With head rotation or pressure on carotid sinus (e.g. tumour, shaving, tight collars)53
- Standing from supine/sitting position<sup>54</sup>

# High-risk

#### Major

- New onset of chest discomfort, breathlessness, abdominal pain, or headache<sup>26,44,55</sup>
- Syncope during exertion or when supine<sup>36</sup>
- Sudden onset palpitation immediately followed by syncope<sup>36</sup>

## **Minor** (high-risk only if associated with structural heart disease or abnormal ECG):

- No warning symptoms or short (<10 s) prodrome<sup>36,38,49,56</sup>
- Family history of SCD at young age<sup>57</sup>
- Syncope in the sitting position<sup>54</sup>

#### **PAST MEDICAL HISTORY**

## Low-risk

- Long history (years) of recurrent syncope with low-risk features with the same characteristics of the current episode<sup>58</sup>
- Absence of structural heart disease<sup>27,58</sup>

## High-risk

## Major

 Severe structural or coronary artery disease (heart failure, low LVEF or previous myocardial infarction)<sup>26,27,35,55,59</sup>

## PHYSICAL EXAMINATION

## Low-risk

· Normal examination

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