FAINTING/SYNCOPE CARDIAC REFERRAL GUIDELINE

For more information or referral questions, contact your local cardiology practice. For a complete listing, visit mainehealth.org/services/cardiovascular/service-locations

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Known or suspected structural heart disease

Family history of sudden death at a young age

Syncope during exertion

Sudden syncope without warning

Recent repetitive episodes

Prolonged syncope (more than 1-2 minutes

Injury

Chest pain

Dyspnea

Tachycardia or hypotension

Bradycardia (<40bpm)

Evidence of gi bleeding or anemia
Unexplained murmur

Abnormal ECG (ischemia, Acute MI, old MI, Long QT, Short QT,WPW, Brugada, Severe lvh , Heart block, Sustained or nonsustained vt, SVT)

Possible implantable device malfunction (pacer or icd)

Evidence of another acute medical condition such as PE, acute blood loss, sepsis etc)

SUGGESTED MANAGEMENT

Seek emergency consultation (i.e call the cardiology office and speak to a doctor on call)

911, refer directly to ED (pt not driving)

Document instructions for no driving

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Not clearly high or low risk

Episode not immediately prior to presentation

Recurrent episodes

Needs evaluation for possible underlying heart disease

History of palpitation

Pacer or ICD present

SUGGESTED WORKUP

Careful history and physical exam

Postural VS

ECG

Echocardiogram

CBC, Occult blood, BMP, A1c, BS

Consider Event recorder, Holter monitor

Documentation of having assessed the ability to drive per State of ME requirements

Document education provided to patient based on their ability or inability to drive

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Situations suggest vasovagal stimulus (such as crowded warm room, during or after a meal, an unpleasant sight, smell or pain; or situational syncope (such as cough, defecation or micturition)

Occurs when dehydrated or after alcohol

Prolonged prodrome with warmth, sweating, nausea

Post syncopal symptoms of sweating, nausea, prolonged fatigue

Feeling faint after suddenly standing from lying, sitting, or bending position

Faintness after prolonged standing in one spot

New blood pressure medication

Faintness occurred after a period of rapid breathing and numbness in hands, toes, or face

Rarely occurs while supine

Absence of underlying cardiac disease or family history

Life long history

SUGGESTED MANAGEMENT

Careful history and physical exam

Postural vital signs

Consider EKG, CBC, occult blood, A1c

Treatment: Education and reassurance
Hydration and salt intake
Avoidance maneuvers at onset of symptoms

Discuss driving hazard and stress need to avoid driving if feeling poorly

Referral: Consider cardiology referral if symptoms persist

CLINICAL PEARLS

- Most syncope is non-life threatening so the immediate goal is to assess for life threatening risk factors
- The presence of underlying structural or inherited disease is the primary risk factor for sudden death
- The most useful diagnostic test in syncope patients is a good history and physical exam
- Presyncope should be evaluated and treated in the same way as syncope.
- Assessing and documenting the ability to drive per Maine State Law should be addressed in all patients who have syncope, not just those who are “high risk”. Not everyone with syncope need to have their driving withheld.
- Review patient’s current medications, which may contribute to patient’s symptoms

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