Transient Loss of consciousness (TLOC)

**Patient with Transient loss of consciousness presents**

- **Green**: Simple faint (vasovagal): History and examination (including ECG) suggests no other underlying cause.
- **Green**: Postural hypotension: History and examination (including ECG) suggests no other underlying cause.
- **RED**: History and examination gives cause for TLOC. Patients’ needs referral as URGENT

**NONE OF THESE**

- **SUSPECTED NEUROLOGICAL CAUSE**
  - Suspected Epileptic Fit
  - Refer to Neurology- “First Fit” Clinic

- **SUSPECTED CARDIOLOGICAL CAUSE**
  - NON EPILEPTIC neurology (Tumour)
  - Discuss with on call Neurologist/Admit
  - e-CONSULTATION
  - Urgent cardiology outpatient referral

**RED FLAG**

- + Abnormal ECG
- + Heart Failure (History or Signs)
- + Blackout (TLOC) during exertion
- + Family history of sudden cardiac death aged younger than 40, or inherited cardiac condition
- + New/ unexplained breathlessness
- + Heart murmur

**BORDERLINE ECG DISCUSS WITH ON CALL CARDIOLOGIST**

- + Aged 80+
- + 65+ in care home
- +“Frail”

**What’s a simple faint?**

Diagnose uncomplicated faint (uncomplicated vasovagal syncope) on the basis of the initial assessment when: there are no features that suggest an alternative diagnosis (note that brief seizure activity can occur during uncomplicated faints and is not necessarily diagnostic of epilepsy) and there are features suggestive of uncomplicated faint (the 3 ’P’s) such as:

- **Prolonged** standing, or similar episodes that have been prevented by lying down
- **Provoking factors** (such as pain or a medical procedure)
- **Prodromal symptoms** (such as sweating or feeling warm/hot before TLoC).

**Call Ambulatory Care Unit**

(08:00 – 17:00, 7 days a week)

01924 542638

Or via bed bureau

**OUT OF HOURS – Contact Oncall Medical Registrar**

**REACT.**

(Rapid Elderly Assessment Team)

CISCO Phone
9am-5pm 7 days

01924 543988

(MYHT internal: 53988)