

Transient LOC Guidance

Required Investigations:

- ECG
- Bedside Glucose (BM)
- Lying and Standing BP (if indicated)
- Heart Sounds documented





- Uncomplicated Faint
- Situational Syncope
- Orthostatic hypotension
- Suspected epilepsy

 see First seizure
 guideline

Can consider safe discharge

Red Flags of Cardiac syncope:

- Significant ecg changes
- Heart murmur
- Symptoms/signs heart failure
- Exertional features
- Family history of sudden cardiac death in people aged younger than 40 years and/or an inherited cardiac condition
- Age over 65 without prodrome



Consider admission with senior input.

DVLA guidance:

Patients with transient loss of consciousness with typical features of vasovagal syncope from standing do not require to stop driving or inform DVLA. Should discuss with DVLA if from a sitting position without an avoidable trigger.

Patients with syncope with an avoidable trigger e.g. hypoglycaemia with prodrome do not require to stop driving or inform DVLA.

Any other syncope/seizure requires advice to stop driving and inform DVLA.

HGV/Bus/Lorry drivers with any transient loss of consciousness must stop driving and inform DVLA.

Discharge Checklist:

- All required investigations documented
- Driving status documented
- Driving advice given and documented see patient advice DVLA leaflet on Clyde Emergency Medicine website (CEM)