



# Clinical Scenario

## Syncope

### Clinical Scenario

85-year-old male to ED s/p syncope, collapsing at home, striking head on dresser. AAO x3. Vital signs stable.

#### ED Course:

IVF X 500cc

Laceration to forehead repaired

#### At Time of Decision:

**Medical Hx:** HTN on metoprolol, lisinopril, hydralazine, AFib on Eliquis

**VS:** Positive orthostatic in ED despite IVFs. 122/58 (lying), 111/30 (sitting), 94/42 (standing), EKG Afib HR 84-90

**Labs:** WNL

**Radiology:** Head CT neg

#### Recommended Workflow

##### C- Consider appropriate care setting

- Hospitalization

##### A- Ask what the principal diagnosis is?

- Syncope

##### R- Review INPT guideline first, then OBS

- INPT Criteria NOT Met -> toggle to OBS
- OBS criteria: MET

##### E- Enter bed status / level of care order

- Observation

##### D- Document criteria in medical record

- Document orthostatic vitals and patient's symptoms during

#### Teaching Points

Only 1 criteria is necessary to meet status. More criteria fulfilled offers additional support to status selection.

Anticipated physiological falls occur:

1. intrinsic (ie, impaired vision, impaired gait and balance, lower extremity sensory neuropathy, postural hypotension, and confusion)
2. extrinsic risk factors (ie, medication side effects, mobility aides, and ill-fitting prosthesis)
3. unanticipated physiological falls result from a sudden or unknown medical condition (stroke, seizure, or heart attack.)

#### INPATIENT

- Unstable VS
- AMS\*\* severe/persistent, one:
  - Disoriented\*
  - Lethargy > 3h\*
  - Arousable, strong stimuli
  - Not returning to baseline
  - Coma, not arousable
- Diagnosis needs INPT admit care, one:
  - CNS event or pathology
  - Pulmonary embolism
  - Arterial dissection
  - Acute CHF exacerbation
  - Anemia d/t blood loss
  - Other needing INPT care
- Immediate intervention, one:
  - Outflow tract obstruction
  - Structural abnormality
  - Valvular disease
  - Myocarditis
  - Subclavian steal syndrome
  - Tamponade/constrictive pericarditis
  - Other cardiac etiology (EPS)
- Cardiac Ischemia (see MI/Angina)
- Sustained/symptomatic VT (see VT)
- Mobitz II, third-degree block
- Bradycardia/sinus pauses
  - HR <50, not neurally mediated
- SVT (see SVT)
- Afib with RVR (see Afib)
- Pacemaker or AICD malfunction
- Actual/suspected inheritable condition
- Severe dehydration, one:
  - 5% loss body weight
  - Hemodynamically unstable
  - Stage 3 ARF (see labs)
  - Stage 2 ARI (see labs)
  - NA > 150mEq/L
- Persistent dehydration, ALL:
  - Oral rehydration ineffective
  - Appropriate IVFs ineffective
- Syncope causing injury = admission

\* Criteria must be severe or persist despite treatment or despite OBS care

#### OBSERVATION

- VS abnormality\*\*, both:
  - not expected/not baseline
  - VS abnormality, one:
    - HR > 100
    - Hypotension\*\*
  - Orthostatic, one:
    - fall SBP 20mmHg +
    - fall DBP 10mmHg +
- AMS\*\*, one:
  - Follows commands
  - Aware yet, lethargic
  - Arousable strong stimuli
  - Not back to baseline
  - Coma, not arousable
- Risk for cardiogenic etiology, one:
  - >50 years old
  - History of cardiac disease
  - + functioning cardiac device
  - EKG = ? cardiac etiology
  - Abnormal cardiac exam
- Meds causing arrhythmia
- Serious CV etiology (chest pain)
- Family history of sudden death
- Not reflex-related
- IVFs, oral ability unclear
- Causing injury, may require INPT care

\*\*Can NOT be patient's baseline. Must be sustained.