

Barnes Jewish Hospital/Washington University
Geriatric Trauma Service
Syncope Management Guideline

Procedure

1. All trauma patients age 55 and over with suspected syncope will be assessed for inpatient observation.
2. History, physical, medication review, and directed diagnostic testing to include CBC, BMP, and EKG will be performed.
3. Orthostatic blood pressures will be taken when deemed able by the trauma team. These will be repeated daily for the duration of the patient's admission.
4. Telemetry monitoring will be instituted in these patients.
5. Clinical indicators for further testing and evaluation if the diagnosis is not otherwise apparent will include

Cardiopulmonary

- a. SBP < 90, not trauma related
 - b. Shortness of breath
 - c. Congestive heart failure history
 - d. Abnormal EKG
 - e. Recurrent episodes
 - f. Family history of sudden death
 - g. Palpitations prior to syncope
 - h. Syncope during exercise
 - i. History of coronary artery or structural heart disease
6. If any of the above indicators are present or any of the testing positive, appropriate additional workup and consultation will be performed. Consultation can always be obtained per practitioner judgment on a case-by-case basis.
 - a. If cardiopulmonary indicators are present, a 2D echo will be performed, cardiology consult as necessary.
 - b. If the patient is dyspneic and history suggestive of PE, spiral CT scan of chest or VQ scan may be obtained.
 - c. If orthostatic, etiology will be sought and treatment as indicated.
 - d. Consider carotid Doppler exam, especially if bruit or with neurologic symptoms.
 - e. If none of the above are found, other studies as an outpatient could be considered and recommended to the patient's primary physician.
 7. If no indicators are present and our workup as otherwise indicated above is negative, the patient may be discharged home with communication to and follow-up with the patient's primary physician and any appropriate specialists.

Note: Individualized, clinical judgment supercedes all written guidelines.