



### 1. RULE OUT IMMEDIATE LIFE THREATS

- a. Unstable Vitals
- b. Hypoglycemia
- c. Acute MI



### 2. SYNCOPE vs SEIZURE

Syncope: lightheadedness, prodrome

Seizure: postictal, convulsions, tongue biting, incontinence



### 3. ASSESS EKG FOR ARRHYTHMOGENIC CAUSES

- a. Tachy/brady dysrhythmias
- b. WPW -> short PR, delta wave
- c. HOCM -> high volt, sharp Q's, murmur
- d. Brugada -> STE in V1/2
- e. QT abnormality -> short or long
- f. ARVD -> epsilon waves



### 4. CHECK FOR NON-CARDIAC LIFE THREATS

- a. SAH -> headache
- b. PE -> CP and SOB
- c. Aortic emergency: Dissection/AAA rupture:  
chest/back/abd pain, US, CTA
- d. Ectopic -> U preg, FAST
- e. GI bleed -> rectal exam and hgb



### 5. DETERMINE NEED FOR ADMISSION

- a. Drop syncope, exertional syncope, repeat events
- b. Risk stratification based on comorbidities, concern for V-tach episode