HALF A DOZEN THINGS TO KNOW ABOUT TRANSIENT LOSS OF CONSCIOUSNESS (“BLACKOUTS”)  


1. Diagnose uncomplicated faint (vasovagal syncope) on the basis of the initial assessment when:
   - There are no features that suggest an alternative diagnosis (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:
     - Posture – 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). [1.1.4.3]
   Consider that the episode may not be related to epilepsy if any of the following features are present:
   - Prodromal symptoms that on other occasions have been abolished by sitting or lying down
   - Sweating before the episode
   - Prolonged standing that appeared to precipitate the TLoC
   - Pallor during the episode.

2. Refer within 24 hours for specialist cardiovascular assessment, anyone with TLoC who also has any of the following: [1.1.4.2]
   - ECG abnormality [1.1.2.2 and 1.1.2.3]
   - Heart failure (history or physical signs)
   - TLoC during exertion
   - Family history of sudden cardiac death in people aged younger than 40 years and/or an inherited cardiac condition
   - New or unexplained breathlessness
   - A heart murmur.
   Consider referring within 24 hours for cardiovascular assessment, as above, anyone aged older than 65 years who has experienced TLoC without prodromal symptoms. [1.1.4.2]

3. Refer people who present with one or more of the following features (features strongly suggestive of epileptic seizures) for an assessment by a specialist within 2 weeks (NICE clinical guideline 20):
   - A bitten tongue
   - Head-turning to one side during TLoC
   - No memory of abnormal behaviour that was witnessed before, during or after TLoC
   - Unusual posturing
   - Prolonged limb-jerking
   - Confusion following the event
   - Prodromal déjà vu, or jamais vu. [1.2.2.1]

4. For people with a suspected cardiac arrhythmic cause of syncope, offer an ambulatory ECG. Do not offer a tilt test as a first-line investigation. The type of ambulatory ECG offered should be chosen on the basis of the person’s history (and, in particular, frequency) of TLoC. [1.3.2.4]

5. For people with suspected vasovagal syncope with recurrent episodes of TLoC adversely affecting their quality of life, or representing a high risk of injury, consider a tilt test only to assess whether the syncope is accompanied by a severe cardioinhibitory response (usually asystole). [1.3.2.6]

6. For people who have experienced syncope during exercise, offer urgent (within 7 days) exercise testing, unless there is a possible contraindication (such as suspected aortic stenosis or hypertrophic cardiomyopathy requiring initial assessment by imaging). Advise patient to refrain from exercise until informed otherwise [1.3.2.2]