Collapse ? cause

If any of the following RED FLAG presentations:
- Associated headache - ?intracranial bleed
- History of ischaemic or valvular heart disease especially if recent chest pain / palpitations / abnormal ECG
  NOTE: patient often has pallor on collapse & frequently sustains injury on falling
- History / obs suggestive of hidden bleeding e.g. AAA, GI, ruptured ectopic pregnancy

Seek senior Doctor for advice

Was this actually a seizure? (preceding aura, limb movement, incontinence, tongue biting, post-ictal period) - follow appropriate IAT.

1) Fully undress, apply a gown and wrist band
2) Perform ECG and get it reviewed
3) Record vital signs: HR, Lying and standing BP, RR, SpO₂, Temp, GCS, BM
   Commence Obs Chart and complete Early Warning Score - follow ED Escalation Plan
4) Is history suggestive of SIMPLE FAINT (no red flag features, typical pre-syncopal symptoms, standing at the time, rapid and full recovery), and Obs and ECG normal - Seek early senior doctor review - patient may be able to go directly home
5) Unless history suggestive of a simple faint as above, take: FBC, UE
   Do serum BHCG on all women of child-bearing age
   Only cannulate and complete VIPS if red flag features (see box above)
6) Perform pain score and give analgesia as required
7) Urinalysis (+ MSU if positive for leucocytes / nitrites)
   Do urinary BHCG if patient female
8) If any resultant injuries are present and are likely to require an X-ray, seek doctor to examine and arrange
9) Consider early, is wound care required? Inform theatre nurse early

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS

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