

Working up Syncope?

Telemetry identifies the etiology of syncope in only **5%** of patients, and an echo identifies the etiology of syncope in only **3%** of patients!

CONSIDER TELEMETRY

If history is positive for:

- sudden onset palpitations
- chest pain
- dyspnea
- syncope on exertion
- syncope while supine
- VT/tachyarrhythmia
- severe CAD
- family hx of sudden death

If ECG is notable for:

- ischemic changes
- bradycardia
- 2nd or 3rd Degree AV Block
- Long QTc
- Brugada pattern
- Bundle branch or Bifascicular block

CONSIDER TTE

If history is positive for:

- dyspnea
- severe heart failure
- valvular disease

If exam is notable for:

- evidence of fluid overload
- new murmur
- persistent hypotension

**Remember: Every case of syncope
doesn't need a cardiac workup!**