



RBWH ETC Syncope Presentations: Risk Stratification and their Disposition

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Background

Syncope is a symptom and not a diagnosis. Initial evaluation of the patient in ETC often does not identify a specific cause. Admissions under the EPIC medical team are commonly undertaken for <24 hours of telemetry with outpatient clinic follow up.

Given that the RBWH has been in a perpetual state of CODE YELLOW since April 2021, we decided to review best practices for this common ETC presentation, with an average of 100-150 patient presentations every month. The aim was to identify factors that will help ETC effectively risk stratify and thereby reduce admissions to the inpatient wards.

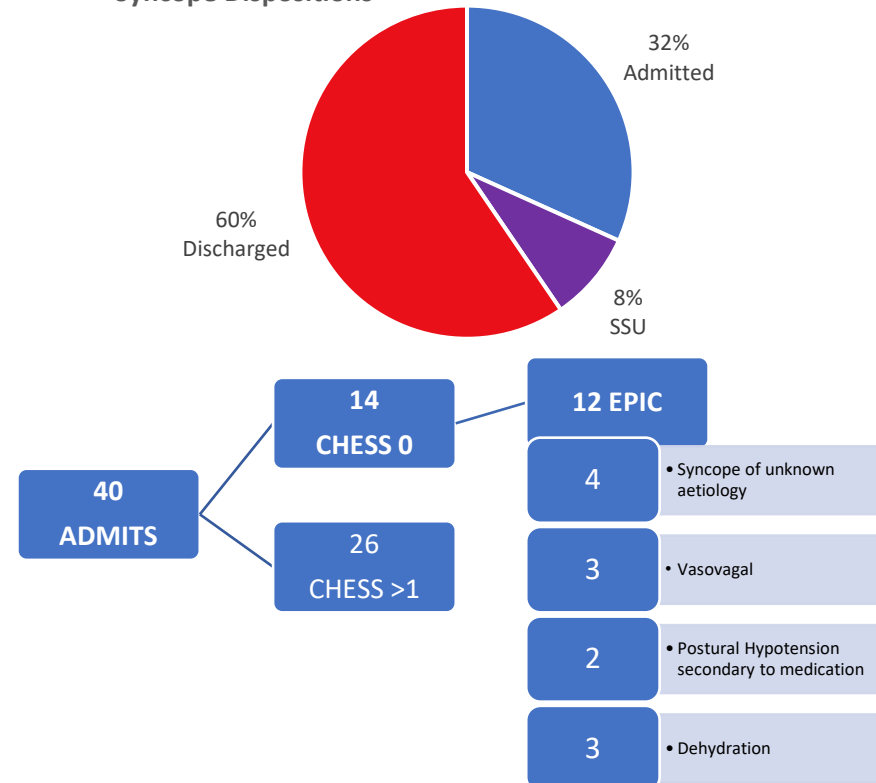
Method

A retrospective audit was undertaken that looked at a month's presentations – February 2021. Data was extracted using the ICD diagnosis of syncope/collapse, faint/funny turns including micturition and heat syncope.

5 criteria (Congestive Heart Failure, Haematocrit <30%, ECG Abnormal, SOB, Systolic BP <90) as per the San Francisco Syncope Rule (a 2004 prospective cohort study that helped bring about a 10% reduction in syncope admissions) was the framework against which the data was reviewed. The exclusion criteria were as per the San Francisco study exclusions.

Results

Syncope Dispositions



Findings

126 patients presenting with syncope were identified during February 2021. There was a 32% admission rate for this presentation. Of the admission subgroup, 14 of the 40 patients were identified to be low risk (score 0) as per the San Francisco Syncope Rule. 12 of these patients were admitted under EPIC for a period of telemetry. Of this 12, none of these were given a new diagnosis during admission or upon follow up in clinic with further outpatient investigation.

This suggests that there is a subgroup of patients, potentially identifiable by the San Francisco Syncope Rule who are likely safe to discharge directly from the ETC for outpatient telemetry and follow up rather than admission for 24h telemetry.

Future Work

Further evaluation of RBWH ETC Data will allow for more confidence in the validity of this risk stratification rule. Reviewing data in collaboration with the EPIC team may lead to development of RBWH ETC Syncope guidelines and reduce unnecessary admissions in the future.