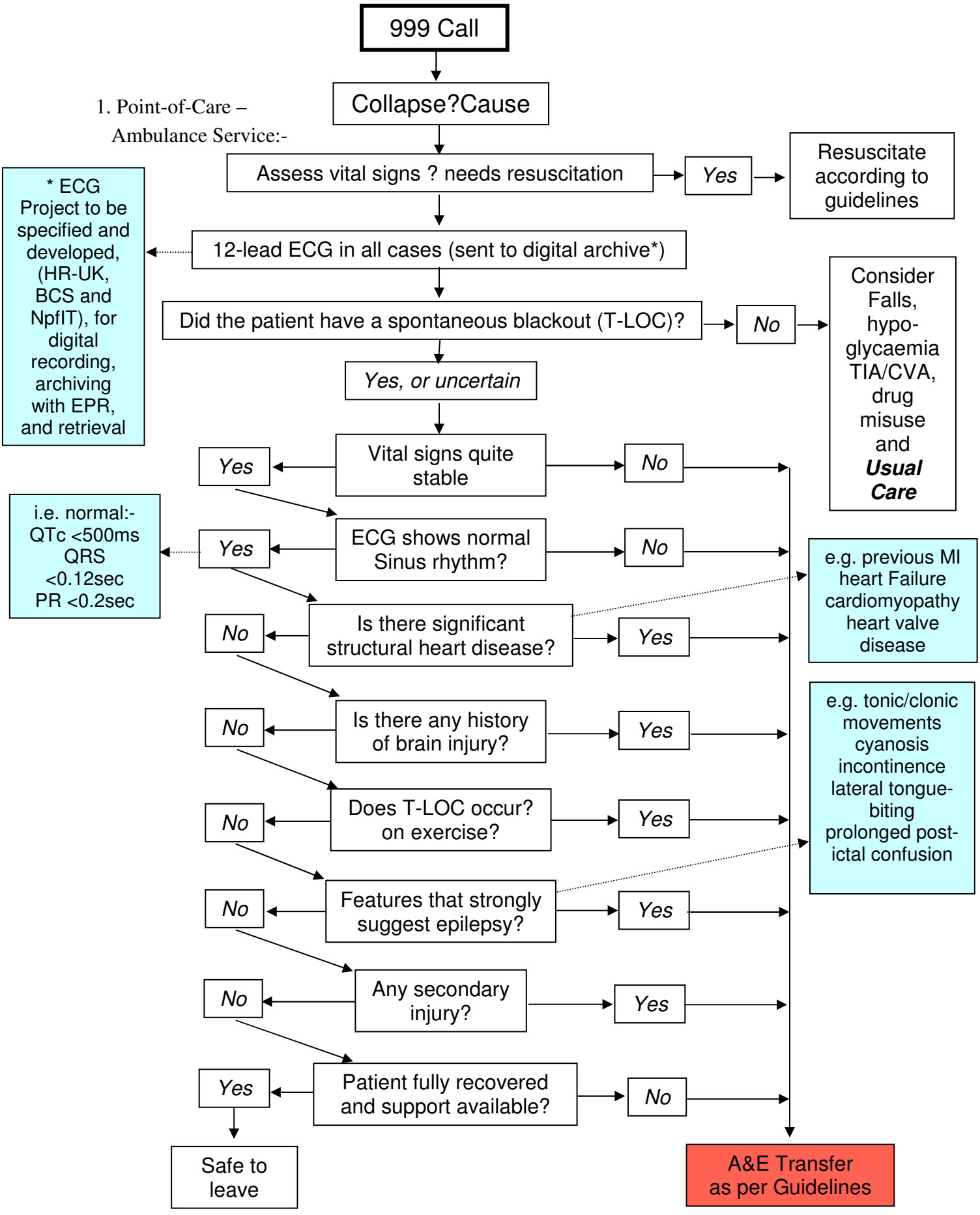
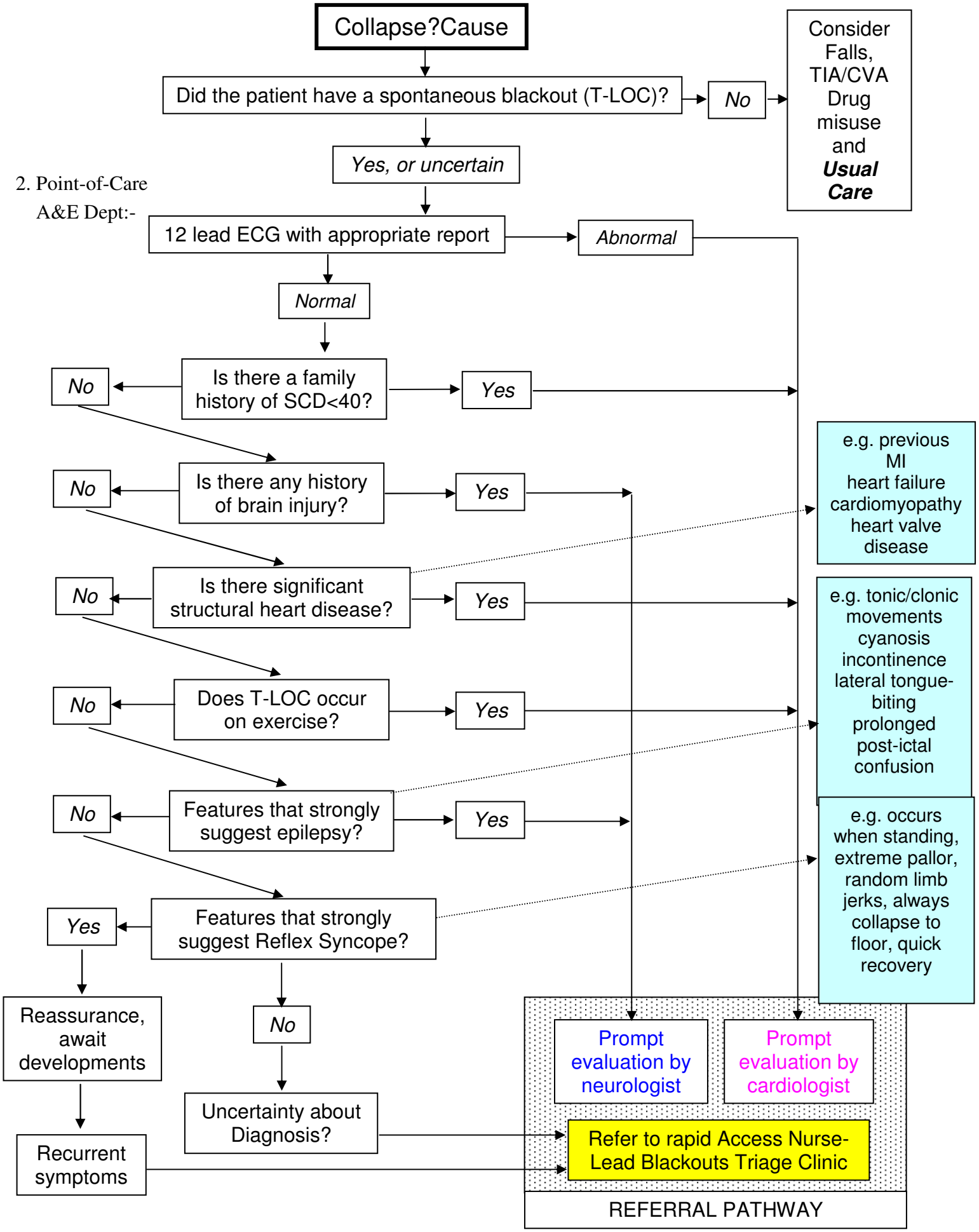
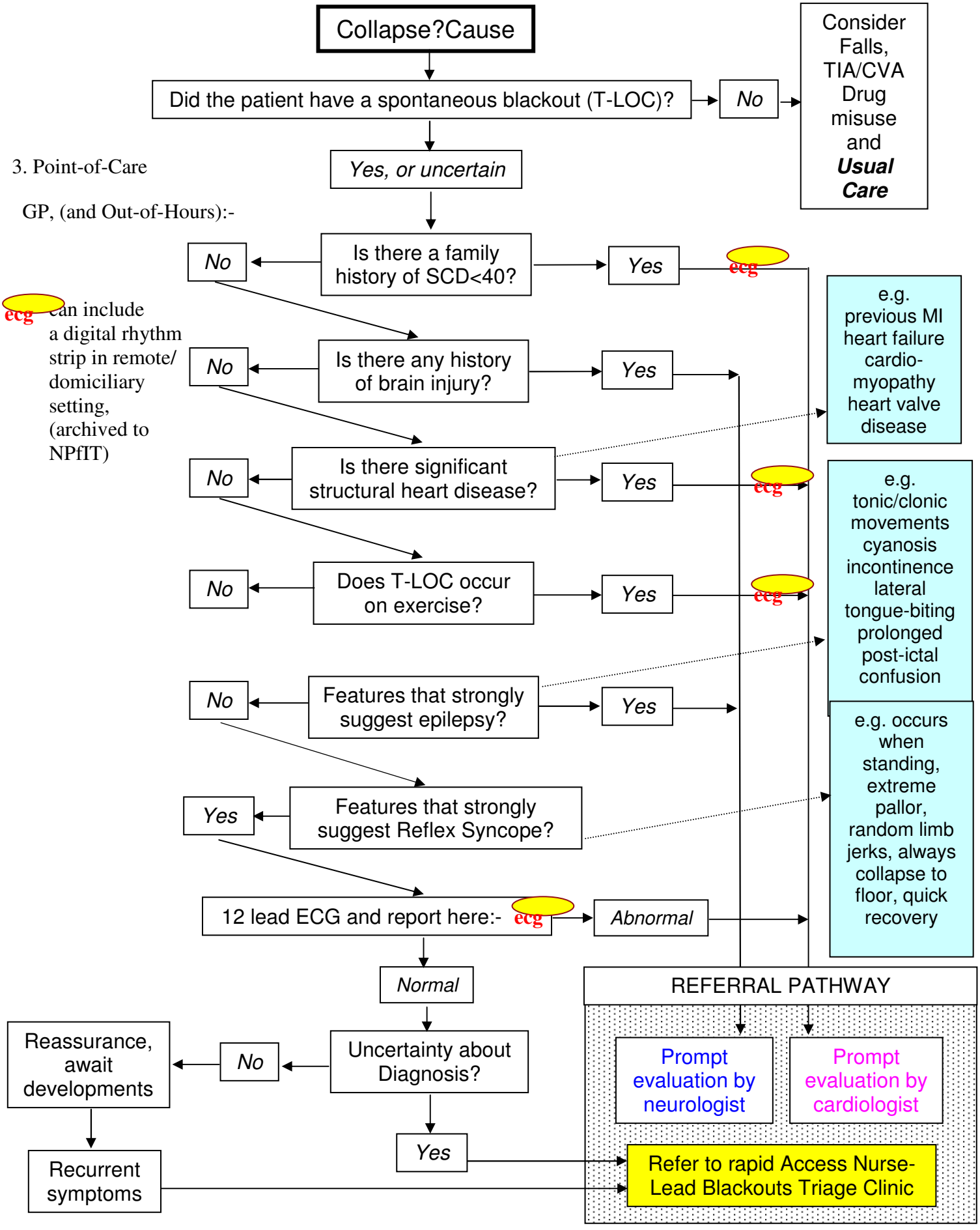
Appendix 1. Algorithms for point-of-care-pathways for; Ambulance crews, Emergency Departments and General Practice. These care-pathways were developed by the Department of Health Heart Team Expert Reference Group for the National Service Framework for Arrhythmias and Sudden Cardiac Death

1. Point-of-Care – Ambulance Service:-

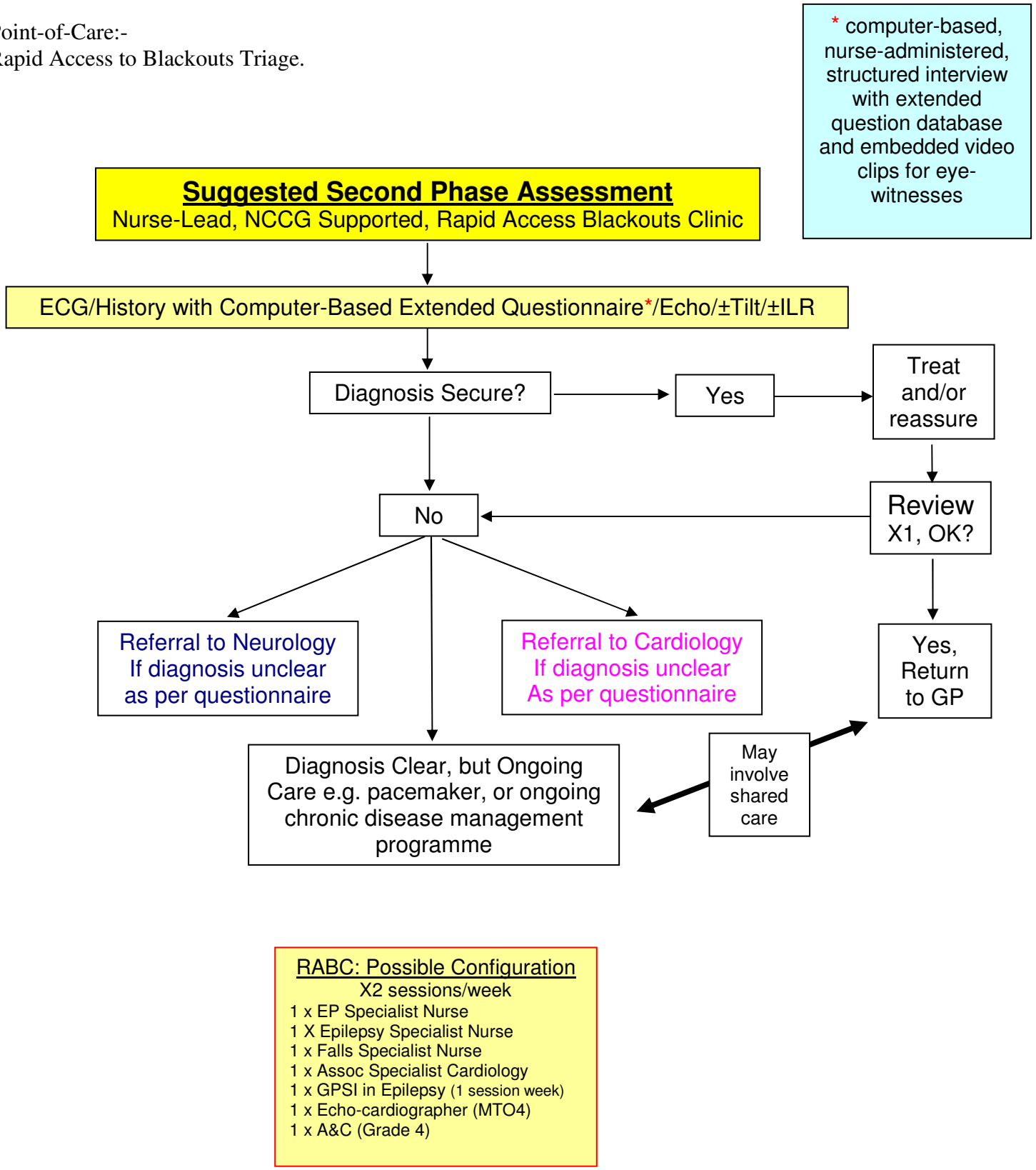


2. Point-of-Care
A&E Dept:-




Collapse?Cause
Did the patient have a spontaneous blackout (T-LOC)?
No
Consider Falls, TIA/CVA Drug misuse and Usual Care
Yes, or uncertain
3. Point-of-Care
GP, (and Out-of-Hours):-
Is there a family history of SCD<40?
No
Yes
ecg
ecg can include a digital rhythm strip in remote/ domiciliary setting, (archived to NPfIT)
Is there any history of brain injury?
No
Yes
e.g. previous MI heart failure cardio-myopathy heart valve disease
Is there significant structural heart disease?
No
Yes
ecg
e.g. tonic/clonic movements cyanosis incontinence lateral tongue-biting prolonged post-ictal confusion
Does T-LOC occur on exercise?
No
Yes
ecg
Features that strongly suggest epilepsy?
No
Yes
e.g. occurs when standing, extreme pallor, random limb jerks, always collapse to floor, quick recovery
Features that strongly suggest Reflex Syncope?
Yes
12 lead ECG and report here:-
ecg
Abnormal
Normal
Uncertainty about Diagnosis?
No
Reassurance, await developments
Recurrent symptoms
Yes
REFERRAL PATHWAY
Prompt evaluation by neurologist
Prompt evaluation by cardiologist
Refer to rapid Access Nurse-Lead Blackouts Triage Clinic

4. Point-of-Care:-
Rapid Access to Blackouts Triage.



RABC: Possible Configuration
X2 sessions/week
1 x EP Specialist Nurse
1 X Epilepsy Specialist Nurse
1 x Falls Specialist Nurse
1 x Assoc Specialist Cardiology
1 x GPSI in Epilepsy (1 session week)
1 x Echo-cardiographer (MTO4)
1 x A&C (Grade 4)