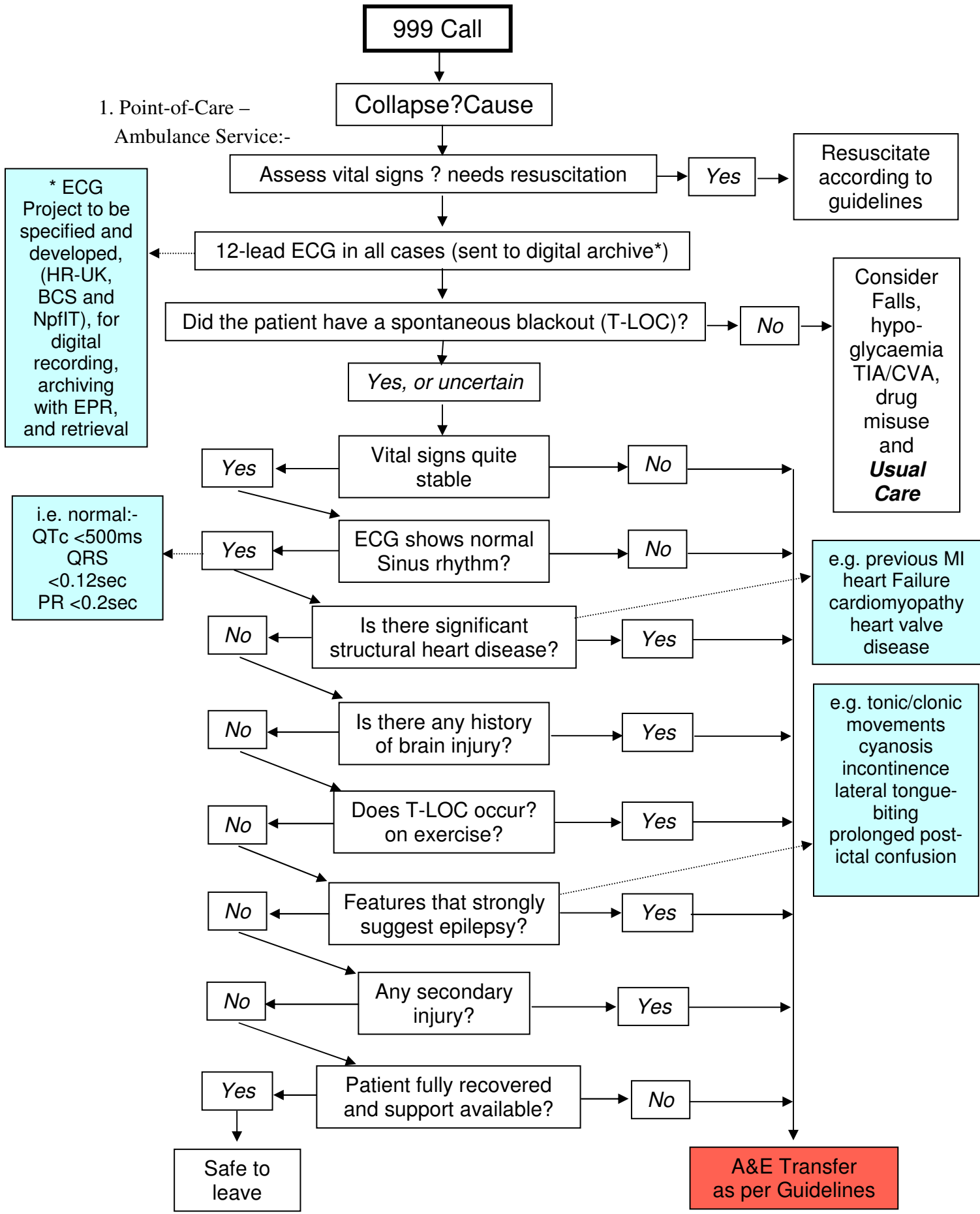


Appendix 1. Algorithms for point-of-care-pathways for; Ambulance crews, Emergency Departments and General Practice. These care-pathways were developed by the Department of Health Heart Team Expert Reference Group for the National Service Framework for Arrhythmias and Sudden Cardiac Death



Collapse? Cause

Did the patient have a spontaneous blackout (T-LOC)?

No

Consider Falls, TIA/CVA Drug misuse and **Usual Care**

Yes, or uncertain

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

12 lead ECG with appropriate report

Abnormal

Normal

Is there a family history of SCD<40?

No

Yes

Is there any history of brain injury?

No

Yes

Is there significant structural heart disease?

No

Yes

Does T-LOC occur on exercise?

No

Yes

Features that strongly suggest epilepsy?

No

Yes

e.g. previous MI
heart failure
cardiomyopathy
heart valve disease

e.g. tonic/clonic movements
cyanosis
incontinence
lateral tongue-biting
prolonged post-ictal confusion

e.g. occurs when standing,
extreme pallor,
random limb jerks, always collapse to floor, quick recovery

Features that strongly suggest Reflex Syncope?

Yes

No

Reassurance, await developments

Uncertainty about Diagnosis?

Prompt evaluation by neurologist

Prompt evaluation by cardiologist

Refer to rapid Access Nurse-Lead Blackouts Triage Clinic

REFERRAL PATHWAY

Recurrent symptoms

Collapse? Cause

Did the patient have a spontaneous blackout (T-LOC)?

No

Consider Falls, TIA/CVA Drug misuse and **Usual Care**

3. Point-of-Care

GP, (and Out-of-Hours):-

Yes, or uncertain

Is there a family history of SCD < 40?

No

Yes

ecg

Is there any history of brain injury?

No

Yes

Is there significant structural heart disease?

No

Yes

ecg

Does T-LOC occur on exercise?

No

Yes

ecg

Features that strongly suggest epilepsy?

No

Yes

Features that strongly suggest Reflex Syncope?

Yes

12 lead ECG and report here:-

ecg

Abnormal

Normal

e.g. previous MI heart failure cardiomyopathy heart valve disease

e.g. tonic/clonic movements cyanosis incontinence lateral tongue-biting prolonged post-ictal confusion

e.g. occurs when standing, extreme pallor, random limb jerks, always collapse to floor, quick recovery

REFERRAL PATHWAY

Prompt evaluation by neurologist

Prompt evaluation by cardiologist

Refer to rapid Access Nurse-Lead Blackouts Triage Clinic

ecg can include a digital rhythm strip in remote/domiciliary setting, (archived to NPfIT)

Reassurance, await developments

No

Uncertainty about Diagnosis?

Yes

Recurrent symptoms

No

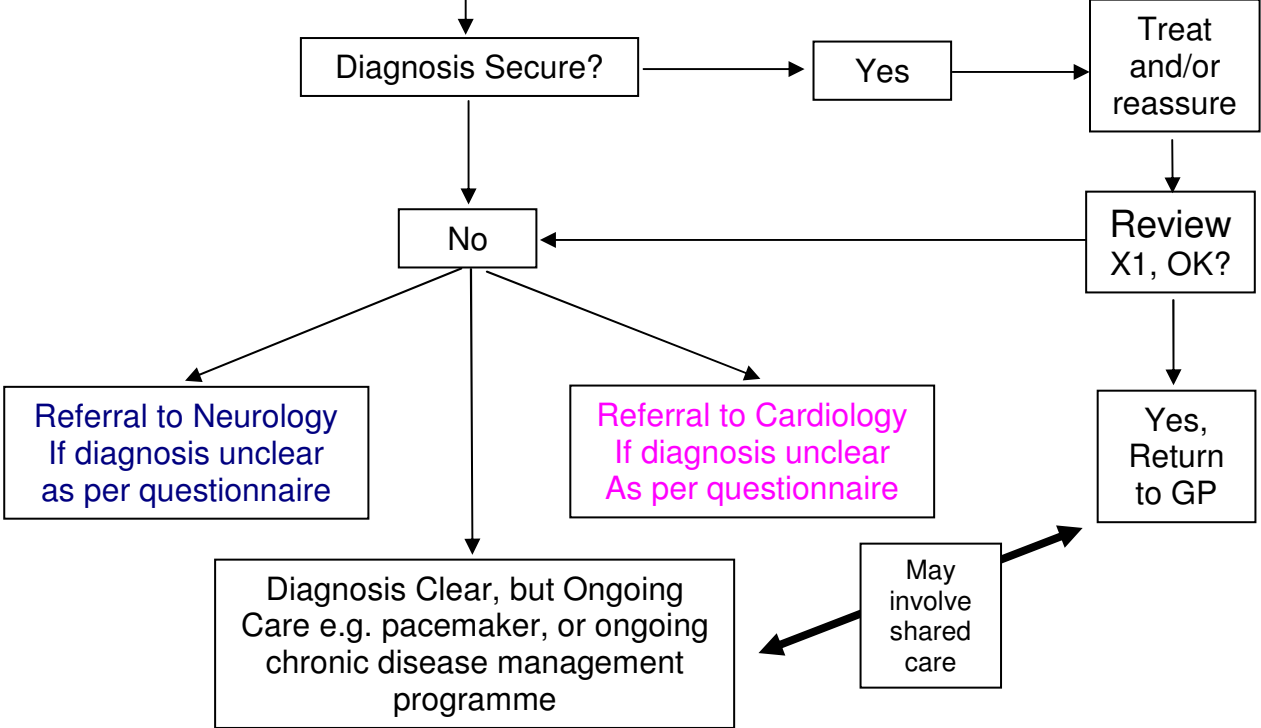
Yes

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

* computer-based, nurse-administered, structured interview with extended question database and embedded video clips for eye-witnesses

Suggested Second Phase Assessment
Nurse-Lead, NCCG Supported, Rapid Access Blackouts Clinic

ECG/History with Computer-Based Extended Questionnaire*/Echo/±Tilt/±ILR



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)