

**Data Supplement S2. Example of Summaries of Group and Individual Responses to First Survey Round**

**Definition of Syncope (Q1-Q12)**

1- Strongly agree; 2- Agree; 3-Don't know/ depends; 4- Disagree; 5- Strongly disagree

Your individual response is in **RED**.

Items achieving >80% consensus (Rating=1,2) are in **BOLD**

Items achieving 70-80% consensus (Rating=1,2) are in *ITALICS*

The following components should be included in the definition of syncope for ED-based studies:

**Q1. Transient loss of consciousness**

Rating	<b>1</b>	2	3	4	5
%	92	8			
Median:	1		IQR:	0	

**Q2. Sudden**

Rating	<b>1</b>	2	3	4	5
%	46	21	17	17	
Median:	2		IQR:	2	

**Q3. Inability to maintain postural tone**

Rating	<b>1</b>	2	3	4	5
%	46	38	8	4	4
Median:	2		IQR:	1	

**Q4. Immediate recovery**

Rating	1	<b>2</b>	3	4	5
%	46	21	13	21	
Median:	2		IQR:	2	

**Q5. Spontaneous recovery without medical intervention**

Rating	<b>1</b>	2	3	4	5
%	75	21		4	
Median:	1		IQR:	3	

**Q6. Complete recovery (to pre-existing mental status and neurological function)**

Rating	1	2	3	4	5
%	50	38	4	8	
Median:	1.5		IQR:		1

Q7. Due to transient global hypoperfusion

Rating	1	2	3	4	5
%	46	17	25	13	
Median:	2		IQR:		2

The following patients should be excluded from syncope risk stratification studies:

**Q8. Alcohol or illicit drugs as presumptive cause of LOC**

Rating	1	2	3	4	5
%	80	8		8	
Median:	1		IQR:		0

**Q9. Seizure as presumptive cause of LOC**

Rating	1	2	3	4	5
%	63	17	8	13	
Median:	1		IQR:		1

**Q10. Stroke/ transient ischemic attack as presumptive cause of LOC**

Rating	1	2	3	4	5
%	75	17	8		
Median:	1		IQR:		0.5

Q11. Head trauma followed by LOC

Rating	1	2	3	4	5
%	75	4	8	13	
Median:	1		IQR:		0.5

**Q12. Hypoglycemia as presumptive cause of LOC**

Rating	1	2	3	4	5
%	75	13	8	4	
Median:	1		IQR:		0.5

**Relevant Outcome Timeframe for ED Decision-Making (Q13-Q17)**

1- Strongly agree; 2- Agree; 3-Don't know/ depends; 4- Disagree; 5- Strongly disagree

Your individual response is in **RED**.

Items achieving >80% consensus (Rating=1,2) are in **BOLD**

Items achieving 70-80% consensus (Rating=1,2) are in *ITALICS*

An ED-based risk stratification tool should:

*Q13. Identify serious outcomes that are recognized during the ED evaluation*

Rating	1	2	3	<b>4</b>
%	65	13	13	9
Median:	1		IQR:	1

**Q14. Identify serious outcomes occurring within 7 days after the ED visit**

Rating	<b>1</b>	2	3	4
%	61	30	9	
Median:	1		IQR:	1

**Q15. Identify serious outcomes occurring between 7–30 days after the ED visit**

Rating	<b>1</b>	2	3	4
%	42	46	13	
Median:	2		IQR:	1

Q16. Identify serious outcomes occurring between 31-180 days after the ED visit

Rating	1	2	3	<b>4</b>
%	4	22	35	39
Median:	3		IQR:	2

Q17. Identify serious outcomes occurring between 181-365 days after the ED visit

Rating	1	2	3	<b>4</b>
%	4	22	17	48
Median:	4		IQR:	2

**Relevant Outcomes for ED Decision-making (Q18-Q35)**

1- Strongly agree; 2- Agree; 3-Don't know/ depends; 4- Disagree; 5- Strongly disagree  
 Your individual response is in RED.

Items achieving >80% consensus (Rating=1,2) are in **BOLD**

Items achieving 70-80% consensus (Rating=1,2) are in *ITALICS*

Explicit risk prediction for serious outcomes may improve clinical decision-making. Clinically important serious outcomes that should be predicted by a risk stratification tool include:

Mortality:

*Q18. All-cause death*

Rating	<b>1</b>	2	3	4	5
%	46	25	13	8	8
Median:	2		IQR:		2

**Q19. Cardiac death**

Rating	<b>1</b>	2	3	4	5
%	63	38			
Median:	1		IQR:		1

**Q20. Syncope-related death**

Rating	<b>1</b>	2	3	4	5
%	46	38	8	8	
Median:	2		IQR:		1

Arrhythmias:

**Q21. Ventricular fibrillation**

Rating	<b>1</b>	2	3	4	5
%	83	13	4		
Median:	1		IQR:		0

**Q22. Ventricular tachycardia > 30 seconds**

Rating	<b>1</b>	2	3	4	5
%	71	25	4		
Median:	1		IQR:		1

**Q23. Symptomatic ventricular tachycardia < 30 seconds**

Rating	1	2	3	4	5
%	67	21	13		
Median:	1		IQR:		1

**Q24. Non-symptomatic ventricular tachycardia < 30 seconds**

Rating	1	2	3	4	5
%	30	22	43	4	
Median:	2		IQR:		2

**Q25. Symptomatic sinus bradycardia < 60 beats/minute**

Rating	1	2	3	4	5
%	29	25	38	8	
Median:	2		IQR:		2

**Q26. Sinus bradycardia < 40 beats/minute**

Rating	1	2	3	4	5
%	39	26	26	9	
Median:	2		IQR:		2

**Q27. Sick sinus syndrome with alternating sinus bradycardia and tachycardia**

Rating	1	2	3	4	5
%	39	35	13	13	
Median:	2		IQR:		2

**Q28. Sinus pause > 3 seconds**

Rating	1	2	3	4	5
%	45	14	32	9	
Median:	2		IQR:		2

**Q29. Symptomatic Mobitz type I atrioventricular heart block**

Rating	1	2	3	4	5
%	25	33	25	13	4
Median:	2		IQR:		1.5

**Q30. Mobitz type II atrioventricular heart block**

Rating	1	2	3	4	5
%	61	22	9	9	
Median:	1		IQR:		1

**Q31. Complete heart block**

Rating	1	2	3	4	5
%	71	17	4	8	
Median:	1		IQR:		1

**Q32. Junctional/idioventricular rhythm**

Rating	1	2	3	4	5
%	43	22	22	13	
Median:	2		IQR:		2

**Q33. Symptomatic supraventricular tachycardia with ventricular rate > 100/minute**

Rating	1	2	3	4	5
%	26	30	30	13	
Median:	2		IQR:		2

**Q34. Symptomatic atrial flutter/fibrillation with ventricular rate <60/min**

Rating	1	2	3	4	5
%	29	38	21	13	
Median:	2		IQR:		2

**Q35. Pacemaker or implantable cardioverter-defibrillator malfunction with cardiac pauses. Symptomatic atrial flutter/fibrillation with ventricular rate <60/min**

Rating	1	2	3	4	5
%	68	9	18	5	
Median:	1		IQR:		1

**Relevant Outcomes for ED Decision-making (Q36-Q51)**

1- Strongly agree; 2- Agree; 3-Don't know/ depends; 4- Disagree; 5- Strongly disagree  
 Your individual response is in RED.

Items achieving >80% consensus (Rating=1,2) are in **BOLD**

Items achieving 70-80% consensus (Rating=1,2) are in *ITALICS*

Explicit risk prediction for serious outcomes may improve clinical decision-making. Clinically important serious outcomes that should be predicted by a risk stratification tool include:

Electrophysiology Study Findings:

Q36. Corrected sinus node recovery time > 550 milliseconds

Rating	1	2	3	4	5
%	21	8	50	17	4
Median:	3		IQR: 1		

Q37. His-Ventricular intervals >100 milliseconds

Rating	1	2	3	4	5
%	25	13	50	8	4
Median:	3		IQR: 1.5		

Q38. Inducible ventricular tachycardia for > 30 seconds

Rating	1	2	3	4	5
%	25	21	42	13	
Median:	3		IQR: 1.5		

Q39. Inducible polymorphic ventricular tachycardia or ventricular fibrillation in patients with Brugada

Rating	1	2	3	4	5
%	25	29	29	17	
Median:	2		IQR: 1.5		

Q40. Inducible polymorphic ventricular tachycardia or ventricular fibrillation in patients with ventricular dysplasia

Rating	1	2	3	4	5
%	29	25	38	8	
Median:	2		IQR: 2		

Q41. Inducible polymorphic ventricular tachycardia or ventricular fibrillation in patients with previous cardiac arrest

Rating	1	2	3	4	5
%	33	33	25	8	
Median:	2		IQR:		2

Q42. Infra-Hisian block

Rating	1	2	3	4	5
%	29	17	42	13	
Median:	3		IQR:		2

Structural Heart Disease:

Q43. Aortic stenosis with valve area  $\leq 1 \text{ cm}^2$

Rating	1	2	3	4	5
%	54	17	13	17	
Median:	1		IQR:		2

Q44. Hypertrophic cardiomyopathy with outflow tract obstruction

Rating	1	2	3	4	5
%	50	25	8	17	
Median:	1.5		IQR:		1.5

Q45. Hypertrophic cardiomyopathy without outflow tract obstruction

Rating	1	2	3	4	5
%	9	17	57	17	
Median:	3		IQR:		1

Q46. Left atrial myxoma or thrombus with outflow tract obstruction

Rating	1	2	3	4	5
%	42	42	4	13	
Median:	2		IQR:		1



*Q47. Pericardial effusion with effect on ventricular wall motion or pericardial tamponade*

Rating	1	2	3	4	5
%	38	33	17	13	
Median:	2		IQR:		2

Q48. Pulmonary hypertension with a mean arterial pressure > 30 mmHg

Rating	1	2	3	4	5
%	13	29	42	17	
Median:	3		IQR:		1

Q49. Mitral stenosis with valve area  $\leq 2$  cm<sup>2</sup>

Rating	1	2	3	4	5
%	25	25	33	17	
Median:	2.5		IQR:		1.5

50. Left ventricular ejection fraction <40%

Rating	1	2	3	4	5
%	13	33	38	17	
Median:	3		IQR:		1

Ischemic Heart Disease:

**Q51. Myocardial Infarction**

Rating	1	2	3	4	5
%	54	29	4	13	
Median:	1		IQR:		1

**Relevant Outcomes for ED Decision-making (Q52-Q77)**

1- Strongly agree; 2- Agree; 3-Don't know/ depends; 4- Disagree; 5- Strongly disagree  
Your individual response is in RED.

Items achieving >80% consensus (Rating=1,2) are in **BOLD**

Items achieving 70-80% consensus (Rating=1,2) are in *ITALICS*

Explicit risk prediction for serious outcomes may improve clinical decision-making. Clinically important serious outcomes that should be predicted by a risk stratification tool include:

Non-cardiac outcomes:

**Q52. Cortical stroke**

Rating	1	2	3	4	5
%	4	9	35	39	13
Median:	4		IQR: 1		

**Q53. Vertebrobasilar stroke**

Rating	1	2	3	4	5
%	4	39	26	22	9
Median:	3		IQR: 2		

**Q54. Pulmonary embolus**

Rating	1	2	3	4	5
%	52	39	4	4	
Median:	1		IQR: 1		

**Q55. Aortic dissection**

Rating	1	2	3	4	5
%	57	30	4	4	4
Median:	1		IQR: 1		

**Q56. Internal hemorrhage or anemia requiring transfusion**

Rating	1	2	3	4	5
%	39	48	4	4	4
Median:	2		IQR: 1		

Q57. Ectopic pregnancy

Rating	1	2	3	4	5
%	13	39	35	9	4
Median:	2		IQR:		1

Q58. Abdominal aortic aneurysm

Rating	1	2	3	4	5
%	22	43	22	4	9
Median:	2		IQR:		1

Q59. Subarachnoid hemorrhage

Rating	1	2	3	4	5
%	30	43	13	4	9
Median:	2		IQR:		2

Q60. Pneumothorax or pleural effusion

Rating	1	2	3	4	5
%	9	36	32	14	9
Median:	3		IQR:		1

Q61. Sepsis

Rating	1	2	3	4	5
%	9	35	30	9	17
Median:	3		IQR:		2

**Q62. Recurrent syncope or fall resulting in major traumatic injury (trauma that requires admission, or that requires procedural/surgical intervention)**

Rating	1	2	3	4	5
%	33	48	14	5	
Median:	2		IQR:		1

Medical/ Procedural Interventions:

**Q63. Permanent pacemaker or defibrillator placement**

Rating	1	2	3	4	5
%	70	26	4		
Median:	1		IQR: 1		

*Q64. Coronary artery bypass graft or coronary artery stent*

Rating	1	2	3	4	5
%	35	39	17	9	
Median:	2		IQR: 2		

*Q65. Cardiac valve surgery*

Rating	1	2	3	4	5
%	50	27	14	9	
Median:	1.5		IQR: 1		

Q66. Elective cardioversion in the absence of objective evidence that tachyarrhythmia is responsible for the syncope

Rating	1	2	3	4	5
%	4	22	35	39	
Median:	3		IQR: 2		

Q67. Balloon-pump insertion

Rating	1	2	3	4	5
%	17	30	30	17	4
Median:	3		IQR: 1		

Q68. Heart transplant

Rating	1	2	3	4	5
%	13	30	35	13	9
Median:	3		IQR: 1		

Q69. Initiation of anti-arrhythmia medical therapy

Rating	1	2	3	4	5
%	22	30	30	17	
Median:	2		IQR:		1

Q70. Ventricular assist device

Rating	1	2	3	4	5
%	26	22	35	13	4
Median:	3		IQR:		2

Q71. Endoscopic/ surgical treatment of esophageal varices

Rating	1	2	3	4	5
%	9	26	39	17	9
Median:	3		IQR:		2

Q72. Endoscopic/ surgical treatment of gastric/ duodenal ulcerations

Rating	1	2	3	4	5
%	9	26	39	17	9
Median:	3		IQR:		2

Q73. Dialysis for electrolyte abnormalities

Rating	1	2	3	4	5
%	13	13	48	17	9
Median:	3		IQR:		2

Q74. Use of vasopressors

Rating	1	2	3	4	5
%	4	39	35	17	4
Median:	3		IQR:		1

Q75. Cardiopulmonary resuscitation

Rating	1	2	3	4	5
%	65	9	13	13	
Median:	1		IQR:		2

Q76. Admission to the intensive care unit

Rating	1	2	3	4	5
%	26	30	22	17	4

Median: 2 IQR: 2

Health Services Use:

Q77. Return visit for syncope/fall resulting in admission, but without any of the above events

Rating	1	2	3	4	5
%	35	26	26	13	

Median: 2 IQR: 2

**ECG Abnormalities (Q78-Q95)**

1- Strongly agree; 2- Agree; 3-Don't know/ depends; 4- Disagree; 5- Strongly disagree  
 Your individual response is in RED.

Items achieving >80% consensus (Rating=1,2) are in **BOLD**

Items achieving 70-80% consensus (Rating=1,2) are in *ITALICS*

ECG Abnormalities:

The following ECG findings should be considered abnormal:

**Q78. Non-sinus rhythms (includes paced rhythm)**

Rating	<b>1</b>	2	3	4	5
%	39	48	9	4	
Median:	2		IQR: 1		

Q79. Frequent PVCs (>3 on standard 10 second tracing)

Rating	<b>1</b>	2	3	4	5
%	30	30	22	17	
Median:	2		IQR: 2		

**Q80. Sinus bradycardia ≤ 40**

Rating	<b>1</b>	2	3	4	5
%	48	43	9		
Median:	2		IQR: 2		

Q81. Left ventricular hypertrophy

Rating	1	2	<b>3</b>	4	5
%	17	39	26	17	
Median:	2		IQR: 1		

Q82. Right ventricular hypertrophy

Rating	1	2	3	<b>4</b>	5
%	17	35	26	22	
Median:	2		IQR: 1		

Q83. Left axis deviation

Rating	1	2	3	4	5
%	4	17	48	30	
Median:	3		IQR:		1

Q84. Right axis deviation

Rating	1	2	3	4	5
%	9	4	52	35	
Median:	3		IQR:		1

**Q85. Complete left bundle branch block**

Rating	1	2	3	4	5
%	35	61	4		
Median:	2		IQR:		1

Q86. Complete right bundle branch block

Rating	1	2	3	4	5
%	4	39	43	13	
Median:	3		IQR:		1

Q87. First degree block (>200 ms)

Rating	1	2	3	4	5
%		39	30	26	4
Median:	3		IQR:		2

Q88. Short PR interval (<10 ms)

Rating	1	2	3	4	5
%	9	43	35	13	
Median:	2		IQR:		1

**Q89. Delta waves (e.g. Wolff-Parkinson-White)**

Rating	1	2	3	4	5
%	30	57	13		
Median:	2		IQR:		1



**Q90. Prolonged QRS (>100 ms)**

Rating	1	2	3	4	5
%	22	48	26	4	
Median:	2		IQR:		1

**Q91. Prolonged QTc (>450 ms)**

Rating	1	2	3	4	5
%	52	39	9		
Median:	1		IQR:		1

**Q92. Brugada pattern**

Rating	1	2	3	4	5
%	48	43	9		
Median:	2		IQR:		1

**Q93. Q/ST/T changes consistent with acute or chronic ischemia**

Rating	1	2	3	4	5
%	30	61	4	4	
Median:	2		IQR:		1

**Q94. Non-specific ST/ T changes**

Rating	1	2	3	4	5
%		9	43	43	4
Median:	3		IQR:		1

ECG Interpretation:

**Q95. Report who is interpreting the ECG (e.g. ED physician, cardiology overread, research team, etc)**

Rating	1	2	3	4	5
%	43	52	4		
Median:	2		IQR:		1