# **RETU Syncope Pathway**

# Required testing prior to RETU admission

- ECG
- pregnancy test in women of childbearing age



#### Not appropriate for RETU

- Arrhythmia related syncope\*
- Suspected PE or other serious non rhythm based pathologic process
- Hemodynamic instability
- Positive troponin

# RETU Intake Evaluation

(do not repeat testing if already done in ED)

#### Exam Focus

- Cardiac
- Neuro
- Vascular

## Initial Testing

- Labs: CBC, electrolytes, glucose (others as clinically indicated)
- Imaging: as clinically indicated

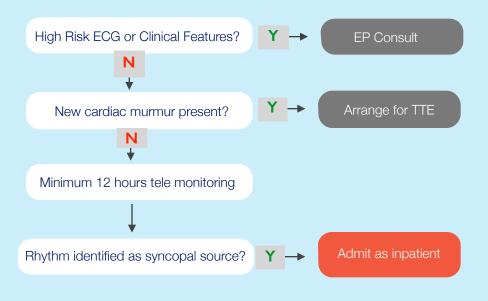
## Monitoring

• Continuous telemetry monitoring

#### Consults

 EP Consult if high risk ECG findings or clinical features are present

# **RETU Treatment / Evaluation**



### High Risk ECG

- QTc > 500ms
- Delta wave
- PR < 120ms
- Brugada pattern

#### High Risk Features

- Occurred during exertion
- Occurred at rest
- Family history of SCD
- Absence of prodrome
- New murmur

#### Arrhythmia Related Syncope

- Sinus brady <40 beats/min
- Sinus pauses >3 seconds
- Mobitz II or third degree AVB
- Alternating LBBB and RBBB
- Non-sustained VT

# Disposition Guidelines

# Discharge from RETU

- At least 12 hours of uneventful telemetry monitoring
- Symptoms significantly improved
- · Associated serious process excluded

#### Admission to Hospital

- Concerning rhythm identified during telemetry monitoring
- Admission requested by consult service if one was involved