

Diagnosing the cause of transient loss of consciousness

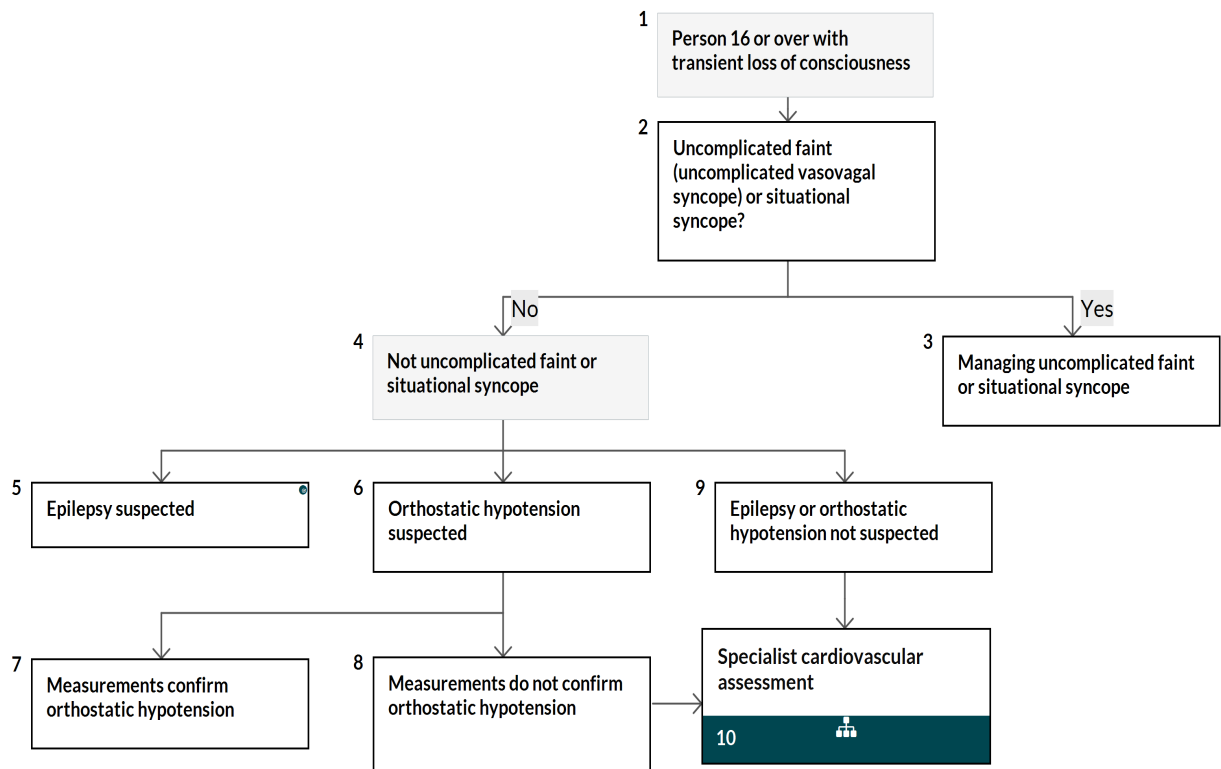
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/transient-loss-of-consciousness>

NICE Pathway last updated: December 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person 16 or over with transient loss of consciousness

No additional information

2 Uncomplicated faint (uncomplicated vasovagal syncope) or situational syncope?

Making a diagnosis based on the initial assessment

Diagnose uncomplicated faint (uncomplicated vasovagal syncope) when:

- there are no features that suggest an alternative diagnosis¹ **and**
- there are features suggestive of uncomplicated faint (the 3 'P's) such as:
 - **P**osture (prolonged standing, or similar episodes that have been prevented by lying down)
 - **P**rovoking factors (such as pain or a medical procedure)
 - **P**rodromal symptoms (such as sweating or feeling warm/hot before TLoC).

Diagnose situational syncope when:

- there are no features that suggest an alternative diagnosis **and**
- syncope is clearly and consistently provoked by straining during micturition (usually while standing) or by coughing or swallowing.

3 Managing uncomplicated faint or situational syncope

A **faint** is an episode of TLoC due to vasovagal syncope. Fainting is a temporary loss of consciousness due to a drop in blood flow to the brain. The episode is brief and is followed by rapid and complete recovery.

Situational syncope is a form of neurally mediated syncope occurring in certain specific situations (for example, cough syncope, micturition syncope, or swallowing syncope)

If there is nothing in the initial assessment to raise clinical or social concern, no further immediate management is required.

If the presentation is not to the GP:

¹ Note that brief seizure-like activity can occur during an uncomplicated faint and is not necessarily diagnostic of epilepsy.

- advise the person to take a copy of the patient report form and ECG record to their GP
- inform the GP about the diagnosis, directly if possible
- if an ECG has not been recorded, the GP should arrange one (and its interpretation as detailed in [12-lead ECG](#)) within 3 days.

Advice

Reassure the person that their prognosis is good.

Explain the mechanisms causing their syncope.

Advise people:

- on possible trigger events and strategies to avoid them
- to keep a record of their symptoms, when they occur and what they were doing at the time to help understand trigger events
- to consult their GP if they experience further TLoC, particularly if this differs from their recent episode.

4 Not uncomplicated faint or situational syncope

No additional information

5 Epilepsy suspected

When to suspect epilepsy

Person presents with 1 or more of the following features suggestive of epileptic seizures:

- a bitten tongue
- head-turning to 1 side during TLoC
- no memory of abnormal behaviour that was witnessed before, during or after TLoC by someone else
- unusual posturing
- prolonged limb-jerking (note that brief seizure-like activity can occur during an uncomplicated faint and is not necessarily diagnostic of epilepsy)
- confusion after the event
- prodromal déjà vu or jamais vu.

Consider that the episode may not be related to epilepsy if any of the following features are present:

- prodromal symptoms that on other occasions have been abolished by sitting or lying down
- sweating before the episode
- prolonged standing that appeared to precipitate TLoC
- pallor during the episode.

Do not routinely use EEG in the investigation of TLoC.

Epilepsy is suspected

Refer for an assessment by a specialist in epilepsy – the person should be seen within 2 weeks. See (referral to a specialist and initial assessment in the NICE Pathway on epilepsy).

Advice for people waiting for a specialist assessment

Driving: advise all people who have experienced TLoC that they must not drive while waiting for specialist assessment.

After specialist assessment, the healthcare professional should advise the person of their obligations regarding reporting the TLoC to the DVLA.

Advise people waiting for a specialist cardiovascular assessment:

- what they should do if they have another event
- if appropriate, how they should modify their activity (for example, by avoiding physical exertion) and not to drive (please refer to the DVLA for more information) .

Offer advice to people waiting for a specialist neurological assessment, see the NICE Pathway on epilepsy.

NICE has written information for the public on transient loss of consciousness.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Initial assessment – unnecessary use of electroencephalogram (EEG)

6 Orthostatic hypotension suspected

When to suspect orthostatic hypotension

Orthostatic hypotension is a condition in which a marked fall in blood pressure is provoked by a change in posture from lying to sitting, or from lying or sitting to standing. This may cause light-headedness (dizziness), a fall, or TLoC.

There are no features from the initial assessment that suggest an alternative diagnosis **and** the history is typical.

Orthostatic hypotension is suspected

Measure lying and standing blood pressure – repeat measurements while standing for 3 minutes.

7 Measurements confirm orthostatic hypotension

Orthostatic hypotension is a condition in which a marked fall in blood pressure is provoked by a change in posture from lying to sitting, or from lying or sitting to standing. This may cause light-headedness (dizziness), a fall, or TLoC.

Consider likely causes, including drug therapy.

Manage appropriately (for example, see [the NICE Pathway on preventing falls in older people](#)).

Advice

Explain the mechanisms causing their syncope.

Discuss and review possible causes, especially drug therapy.

Discuss the prognostic implications and treatment options available.

Advise people what to do if they experience another TLoC.

8 Measurements do not confirm orthostatic hypotension

Orthostatic hypotension is a condition in which a marked fall in blood pressure is provoked by a change in posture from lying to sitting, or from lying or sitting to standing. This may cause light-headedness (dizziness), a fall, or TLoC.

Refer for specialist cardiovascular assessment by the most appropriate local service.

If the person presents to the ambulance service, take them to the Emergency Department.

Advice for people waiting for a specialist assessment

Driving: advise all people who have experienced TLoC that they must not drive while waiting for specialist assessment.

After specialist assessment, the healthcare professional should advise the person of their obligations regarding reporting the TLoC to the DVLA.

Advise people waiting for a specialist cardiovascular assessment:

- what they should do if they have another event
- if appropriate, how they should modify their activity (for example, by avoiding physical exertion) and not to drive (please refer to the DVLA for more information) .

Offer advice to people waiting for a specialist neurological assessment, see the NICE Pathway on epilepsy.

NICE has written information for the public on transient loss of consciousness.

9 Epilepsy or orthostatic hypotension not suspected

Refer for specialist cardiovascular assessment by the most appropriate local service.

If the person presents to the ambulance service, take them to the Emergency Department.

Advice for people waiting for a specialist assessment

Driving: advise all people who have experienced TLoC that they must not drive while waiting for specialist assessment.

After specialist assessment, the healthcare professional should advise the person of their obligations regarding reporting the TLoC to the DVLA.

Advise people waiting for a specialist cardiovascular assessment:

- what they should do if they have another event
- if appropriate, how they should modify their activity (for example, by avoiding physical exertion) and not to drive (please refer to the DVLA for more information) .

Offer advice to people waiting for a specialist neurological assessment, see the NICE Pathway on epilepsy.

NICE has written information for the public on transient loss of consciousness.

10 Specialist cardiovascular assessment

See Transient loss of consciousness / Specialist cardiovascular assessment and diagnosis for transient loss of consciousness

Glossary

Déjà vu

(an intense sensation that what is happening for the first time has already occurred previously; this is common particularly in adolescence, but may be a manifestation of a partial seizure (rather than occurring immediately before an epileptic seizure))

ECG

electrocardiogram

EEG

electroencephalograph

Faint

(episode of TLoC due to vasovagal syncope: fainting is a temporary loss of consciousness due to a drop in blood flow to the brain; the episode is brief and is followed by rapid and complete recovery)

Jamais vu

(a feeling of lack of familiarity, that what should be familiar is happening for the first time; it is usually abnormal, it doesn't commonly occur in healthy people)

Situational syncope

(a form of neurally mediated syncope occurring in certain specific situations (for example, cough syncope, micturition syncope, or swallowing syncope))

Specialist

(a healthcare professional who has expert knowledge of, and skills in, a particular clinical area, especially one who is certified by a higher medical educational organisation)

TLoC

transient loss of consciousness

Vasovagal syncope

(a form of neurally mediated syncope, this is often, but not always, triggered by circumstances such as pain, prolonged standing (especially in a warm environment), or emotional stress; this commonly presents as an identifiable uncomplicated faint but can present as sudden unprovoked syncope)

Sources

Transient loss of consciousness ('blackouts') in over 16s (2010 updated 2014) NICE guideline CG109

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.