SCANDINAVIAN JOURNAL OF
trauma, resuscitation
& emergency medicine

POSTER PRESENTATION Open Access

Coping with syncope in the emergency department

Ann-Louise Esserlind*, Thomas A Schmidt

From Danish Society for Emergency Medicine: Research Symposium 2010
Roskilde, Denmark. 20-21 May 2010

Background

Syncope is frequently seen in the Emergency Department (ED) and is a cause for numerous hospitalizations. Focusing primarily on syncope, the aim of this study was to determine the frequency and the underlying causes of transient loss of consciousness in patients seen in the ED. Furthermore, the aim was to identify the indications for admittance and discharge of patients with syncope after the primary evaluation was performed in an ED that does not have syncope guidelines.

Methods

This study was performed during a two week period, where data was registered on patients presenting themselves with transient loss of consciousness in the ED, Holbaek Hospital.

Results

Following the primary evaluation in the ED, 21 patients were seen in the ED with transient loss of consciousness. One patient was excluded due to reoccurring non-transient loss of consciousness. Half of the study population was hospitalized, and the other 50% were discharged with the most frequent presumptive diagnosis being vasovagal syncope. Diagnostic outcome in the study population showed that 15 patients had benign causes of syncope, 2 patients had suffered cardiac syncope, 4 patients had near-syncope, and 1 patient had a TCI. None of discharged patients were readmitted within a 3 week follow-up period and no adverse events were observed. Median age amongst inpatients was 76.5 years (range 25-89) and 59.5 years for outpatients (range 10-89). Inquiry about cardiac symptoms prior to syncope was performed amongst 70% of the inpatients and 50% of the outpatients respectively. There were abnormal ECG findings in 40% of the admitted patients and none amongst the outpatients. No significant difference concerning prodromes and co-morbidities was found in inpatients versus the outpatients. The average admittance time was 2 days (range: 1-23).

Conclusion

This prospective study confirmed that syncope is a common cause for transient loss of consciousness generating many costly admissions and investigations. Indications for admission were undetermined syncope and suspicion of cardiac syncope. It is plausible that syncope evaluation in the ED may be facilitated and admissions may be reduced by using syncope guidelines and risk stratification models.

Published: 17 September 2010

doi:10.1186/1757-7241-18-S1-P6
Cite this article as: Esserlind and Schmidt: Coping with syncope in the emergency department. *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine* 2010 **18**(Suppl 1):P6.

* Correspondence: louisa.esserlind@gmail.com
The Emergency Department, Holbaek Hospital, 4300 Holbaek, Denmark