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Risk Management Pitfalls For Syncope (sample)

1. **"It didn't even occur to me that a patient with syncope might have a dissection of the thoracic aorta."**
   Syncope is generally a benign process. However, one must be proactive in trying to identify life-threatening causes. History, physical examination, and ECG findings are most helpful, but keep your differential large or you may miss the rare life-threatening conditions.

2. **"I sent the patient home after syncope with a history suggestive for cardiac syncope. There were no abnormalities on physical examination or on the ECG. The patient returned because of an accident with his truck after syncope."**
   People with occupations that are high risk for disastrous outcomes include truck drivers, bus drivers, airplane pilots, and heavy equipment operators. In particular, they need counseling about the risks of driving after syncope. Instructions should be provided for paying attention for prodromal symptoms.

3. **"I sent a patient home with the diagnosis 'syncope based on orthostatic hypotension.' After a few days the patient returned with another episode of syncope and on the monitor a dysrhythmia was seen."**
   There may be multiple causes of a syncopal episode, especially in the elderly. Even if a patient had an obvious stressor prior to the syncopal episode, or had orthostatic hypotension, other causes are still possible.

4. **"I obtained an ECG in a patient with syncope that showed a sinus rhythm with no conduction abnormalities. The patient died of a sudden cardiac arrest the next day."**
   A normal ECG has a high negative predictive value, but it does not completely rule out future cardiac events. Obtain an ECG in every patient with syncope (with, perhaps, the exception of syncope in a young person with a clearly identified trigger) to assess rhythm and conduction abnormalities. Assess for evidence of pre-excitation, prolonged corrected QT time (> 500 ms), and Brugada pattern. When checking the patient's medication list, be alert for drugs known to cause prolonged QT syndrome.

5. **"I did a complete workup in a 48-year-old patient with syncope, including ECG, laboratory tests, and a chest X-ray, before discharging him. A few hours later, he returned with a hemiparesis from a subarachnoid hemorrhage. He didn't mention he had a sharp headache just before the event."**
   The most important step in obtaining an accurate diagnosis is the history of present illness. Invest the time to get all the facts from the patient, family, and bystanders. This investment will yield more efficient ED diagnostic workup, more accurate diagnosis, and a higher quality of emergency care.

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