

Synopsis of the National Institute for Health and Clinical Excellence Guidelines on management of transient loss of consciousness

Cooper, PN et al., Ann Int Med 2011; 155: 543-549

Transient loss of consciousness is common and often leads to an incorrect diagnosis, unnecessary investigation or inappropriate subspecialist referral. In August, 2010, the National Institute of Health and Clinical Excellence published guidelines that addressed the initial assessment and the most appropriate specialist referral for persons who have experienced transient loss of consciousness. The Synopsis describes the principal recommendations concerning these issues.

The recommendations include:

Persons with uncomplicated faint, situational syncope or orthostatic hypotension should receive electrocardiography but do not otherwise require immediate additional investigation or specialist referral.

Persons with features that suggest epilepsy should be referred to a Neurologist for further evaluation.

Brief seizure-like activity is often associated with syncope from any cause and should not be accepted as a sign of epilepsy.

Persons with a suspected cardiac cause for their transient loss of consciousness or persons for whom a cause cannot be determined after an appropriate initial assessment should be referred to a Cardiologist for additional evaluation.

This article deserves a full read since the subject is complicated and decision-making in the course of its workup is often challenging for the clinician.

ID CORNER

WILLIAM SALZER MD

INFECTIVE ENDOCARDITIS—DIAGNOSIS, TREATMENT AND MANAGEMENT OF COMPLICATIONS

These Guidelines are not new but I have found them to be very useful in the management of patients with infective endocarditis and refer to them often as an Infectious Disease consultant.

Baddour, LM et al., Infective Endocarditis—Diagnosis, Antimicrobial Therapy and Management of Complications, AHA Scientific Statement, Circulation 2005; III:e394-e433

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