

POCKET GUIDE

VALIDATION OF THE CANADIAN PREHOSPITAL SYNCOPE RISK SCORE

INCLUSION CRITERIA

- ☒ Age ≥ 18 years old
- ☒ Suffer true Syncope
- ☒ Access EMS through 911

EXCLUSION CRITERIA

- ☒ Pediatric patients (18 years old)
- ☒ Syncope not likely (prolonged unconsciousness >5 minutes, change in mental status from baseline, witnessed seizure, or loss of consciousness after head trauma)
- ☒ Unable to provide accurate details due to language barrier, cognitive impairment, alcohol, or drug intoxication

ePCR

i) History of cardiac disease or non-sinus rhythm: O Y O N

If yes specify (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Coronary artery disease | <input type="checkbox"/> Valvular heart disease | <input type="checkbox"/> Congestive heart failure |
| <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Current/past non-sinus rhythm | <input type="checkbox"/> Others (specify) |

ii) Vasovagal predisposition^a O Y O N

^aWarm crowded place, prolonged standing, fear, emotion, or pain

iii) ECG (Please do 12-lead ECG) enter values \pm select:

QRS axis O Positive O Negative, enter value | | | | | :

QRS duration | | | | | milliseconds;

Corrected QT interval | | | | | milliseconds

Is the ECG O Normal or O Abnormal?

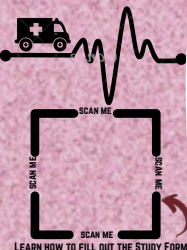
If abnormal, specify (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Mobitz type II | <input type="checkbox"/> Third degree heart block | <input type="checkbox"/> Others (specify) |
|---|---|---|

iv) Any concerning symptoms that require further evaluation/investigations O Y O N

If yes specify (check all that apply):

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Others (specify) |



- ### HOW CAN YOU HELP?
- 1 Identify potential patients for the study
 - Inclusion/ Exclusion Criteria
 - 2 Obtain the patient's verbal consent and document on the study form, if eligible
 - For the use of medical data and for 30-day telephone follow up
 - 3 Transport as per local protocol (**IMPORTANT!!!**)
 - **DO NOT** change transport/destination decisions based on the study, follow usual practice
 - 4 Obtain patient's phone number/email address if consented
 - Research team at OHRI will contact patient for follow up
 - Contact information should be documented in the study form on ePCR
 - 5 Complete the Canadian Prehospital Syncope Risk Score predictors on ePCR
 - Your impression and judgement regarding management

THE MANAGEMENT OF PATIENT DOES NOT CHANGE, ALL PATIENTS WILL NEED TO BE TRANSPORTED AS PER CURRENT POLICY AND NONE OF THE ABOVE COLLECTED DATA SHOULD BE CONSIDERED FOR DECISION-MAKING



Questions? Please contact



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