

## Transient loss of consciousness overview

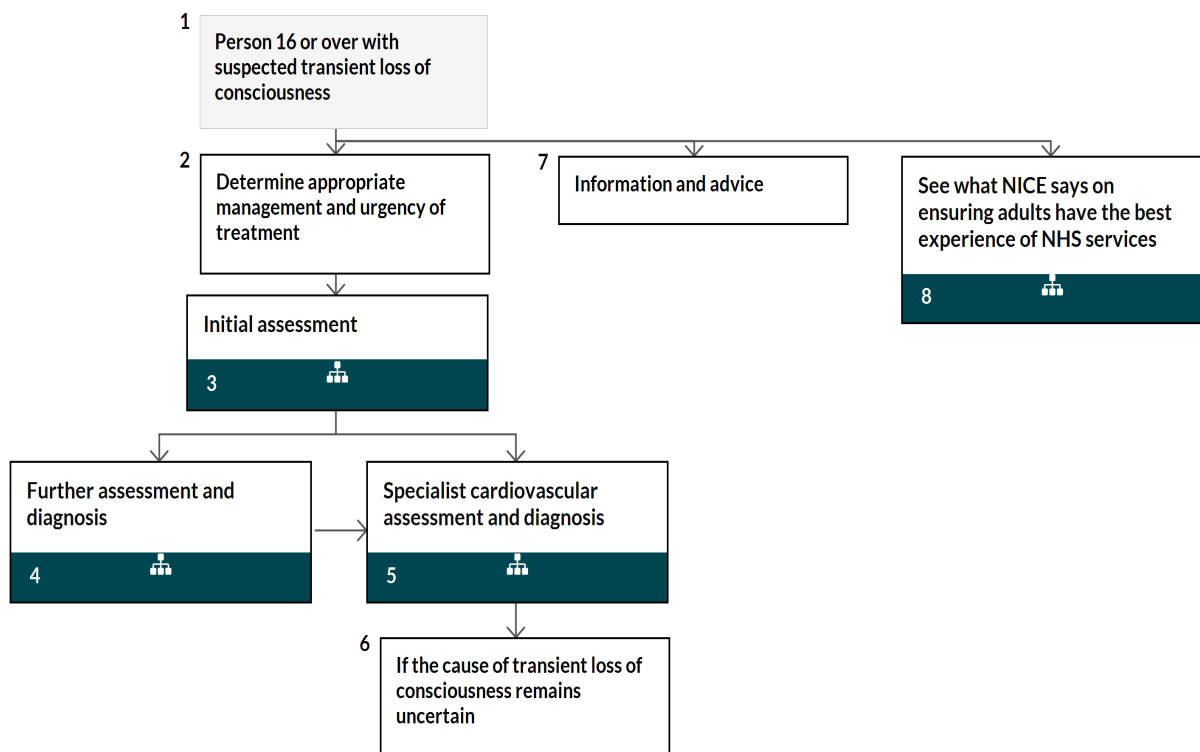
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

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: 09 January 2019

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



## 1 Person 16 or over with suspected transient loss of consciousness

No additional information

## 2 Determine appropriate management and urgency of treatment

Use clinical judgement to determine appropriate management and the urgency of treatment if:

- the person has sustained an injury
- the person has not made a full recovery of consciousness
- TLoC is secondary to a condition that requires immediate action.

## 3 Initial assessment

[See Transient loss of consciousness / Initial assessment for transient loss of consciousness](#)

## 4 Further assessment and diagnosis

[See Transient loss of consciousness / Diagnosing the cause of transient loss of consciousness](#)

## 5 Specialist cardiovascular assessment and diagnosis

[See Transient loss of consciousness / Specialist cardiovascular assessment and diagnosis for transient loss of consciousness](#)

## 6 If the cause of transient loss of consciousness remains uncertain

If a person has persistent TLoC, consider psychogenic non-epileptic seizures or psychogenic pseudosyncope if, for example:

- the nature of the events changes over time
- there are multiple unexplained physical symptoms
- there are unusually prolonged events.

The distinction between epilepsy and non-epileptic seizures is complex; therefore, refer for

neurological assessment if either psychogenic non-epileptic seizures or psychogenic pseudosyncope is suspected.

Advise people to try to record any future TLoC events (for example, a video recording or a detailed witness account of the event), particularly if the diagnosis is unclear or taking a history is difficult.

If after further assessment the cause of TLoC remains uncertain or the person has not responded to treatment, consider other causes, including the possibility that more than 1 mechanism may co-exist (for example, ictal arrhythmias).

## 7 Information and advice

When communicating with the person who had TLoC, discuss the:

- possible causes of their TLoC
- benefits and risks of any test they are offered
- results of tests they have had
- reasons for any further investigations
- nature and extent of uncertainty in the diagnosis.

### Advice to give when a person presents with TLoC

- Driving: give advice about eligibility to drive (please refer to the [DVLA](#) for further information).
- Health and safety at work: advise people of the implications of their episode for health and safety at work and any action they must take to ensure the safety of themselves and other people. Please refer to [Health and Safety at Work etc. Act 1974](#).

NICE has written information for the public on [transient loss of consciousness](#).

## 8 See what NICE says on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

## Glossary

### 12-lead ECG

Recording of the heart's electrical signals obtained by attaching electrodes in ten standard positions on the limbs and the surface of the chest. This provides a display of the electrical activity of the heart viewed from 12 different directions.

### Arrhythmia

an abnormal heart rhythm

### Asystole

sustained absence of the heart's electrical activity

### Bradycardia

slow heart rate (irrespective of rhythm), conventionally defined as less than 60 beats per minute

### Brugada syndrome

An inherited ion channel disorder characterised by abnormal ST segment elevation in leads V1 to V3 on ECG. This predisposes to ventricular arrhythmia and sudden cardiac death, and may present with syncope.

### Carotid sinus massage

a procedure in which the carotid sinus is stimulated (by firm massage with a thumb during continuous ECG and blood pressure monitoring in both supine and upright positions) to investigate suspected or possible carotid sinus syncope

### Carotid sinus syncope

a form of neurally mediated syncope in which pressure on one or other carotid artery causes syncope

### Déjà vu

An intense sensation that what is happening for the first time has already occurred previously.

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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

**External event recorder**

A small portable recorder that is capable of monitoring and storing ECG recordings from electrodes on the skin. The device records the heart's rhythm during symptoms (including syncope) that occur intermittently. Excludes event recorders that do not perform continuous ECG monitoring (and therefore are not capable of documenting cardiac rhythm at the moment of TLoC).

**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.

**Holter**

a Holter monitor or recorder is a small portable recorder that is capable of continuous ECG recording from electrodes on the skin, usually used over a 24- to 72-hour period

**Ictal arrhythmias**

disturbance of normal heart rhythm occurring during a seizure

**Implantable event recorder**

small implantable device capable of monitoring and storing ECG recordings of the heart's rhythm. It is also known as an implantable/insertable loop recorder

**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

**Micturition syncope**

a form of neurally mediated syncope provoked by straining while passing urine while standing

**Neurally mediated syncope**

Sometimes called 'reflex syncope'. Transient loss of consciousness due to a reflex hypotensive response and/or reflex bradycardic response to a number of causes; this category includes vasovagal syncope, carotid sinus syncope, and situational syncope.

**Pseudosyncope**

a psychogenic non-epileptic attack characterised by loss of muscle tone and having the appearance of a faint

**Psychogenic non-epileptic seizures**

episodes of altered movement, sensation or experience, similar to epilepsy but caused by a psychological process and not associated with abnormal electrical discharges in the brain

**QT**

A specific portion of the ECG. If this portion is prolonged or abnormally short it can indicate certain inherited conditions known as 'long QT syndrome' and 'short QT syndrome'. Both syndromes predispose to ventricular arrhythmia and sudden cardiac death, and may present with syncope.

**Red flag**

for this guideline, the term 'red flag' indicates that the person is considered to be at high risk of a serious adverse event and should be referred for urgent specialist assessment

**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

### **Structural heart disease**

Any disease of the heart in which the structural components of the heart are abnormal. This encompasses heart muscle disease, valve disease and congenital heart disease.

### **Tilt test**

test in which a patient is exposed to passive head-up tilt, during which they have beat-to-beat measurement of heart rate and blood pressure, to try to demonstrate whether or not they have a provokable tendency to vasovagal syncope

### **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.