

Collapse/TLOC/Presyncope/syncope

Observations/NEWS on TRAK

Read patient alerts



- | | |
|---|--|
| <input checked="" type="checkbox"/> Temperature | <input checked="" type="checkbox"/> AVPU |
| <input checked="" type="checkbox"/> Pulse | <input checked="" type="checkbox"/> Pupil size |
| <input checked="" type="checkbox"/> Blood pressure | <input checked="" type="checkbox"/> Erect & supine blood pressure |
| <input checked="" type="checkbox"/> Respiratory rate | <input checked="" type="checkbox"/> Consider alcometer |
| <input checked="" type="checkbox"/> Oxygen saturations (on air or O2 %) | |
| <input checked="" type="checkbox"/> Blood Glucose | |

Investigations

Discuss with senior staff; not all patients will require all investigations.

Consider:

- Admission bloods (as per order set): FBC, U&E, LFTs (if melena add G&S, Venous gas and Coag)
- Consider IV access
- Venous blood gas
- ECG as per guidance

Post medical review, consider:

If BP low and associated abdominal pain – bedside USS (Unless normal calibre AAA in last 5 years)

If trauma or sudden onset – CT brain



Treatments

Consider:

Analgesia
Antiemetic if required
IV fluids

Red Flags

- **Aortic chest pain:** Sternum radiating to shoulder blade.
- **Aortic abdominal pain:** Central radiating to the back.
- **Palpitations** followed by syncope
- **New abnormal pulse:** A bradycardia (less than 60/min in adults), a tachycardia (more than 100/min in adults) or an irregular rhythm.
- **Purpura:** A rash on any part of the body that is caused by small haemorrhages under the skin. A purpuric rash does not blanch (go white) when pressure is applied to it.
- **Non-blanching rash:** A rash that does not blanch when pressure is applied to it.
- **Significant history of allergy:** A known sensitivity with severe reaction (e.g. to nuts or bee sting) is significant.
- **Symptomatic arrhythmia:** e.g. Heart block, bradycardia, atrial fibrillation
- **No preceding warning**

Patient Presentation Cards			Version 1	Page 1 of 1		
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