Exertional Syncope and Palpitations

NICE CG109 (Transient Loss of Consciousness) | NICE CKS Palpitations

CALL 999: Currently Unwell

- ☐ Ongoing or persistent chest pain
- ☐ Breathlessness at rest or not improving
- ☐ Persistent or haemodynamically significant palpitations
- ☐ Recurrent collapse or loss of consciousness
- ☐ Reduced level of consciousness or confusion

URGENT ASSESSMENT: NICE CG109 Red Flags

- ☐ True TLoC during exercise: do not attribute to dehydration without investigation
- ☐ TLoC while lying down or sitting: particularly concerning; always escalate
- ☐ Palpitations with sudden onset/offset, irregular rhythm, or associated collapse
- ☐ Chest pain or new unexplained breathlessness with syncope or palpitations
- ☐ Known/suspected heart murmur, structural heart disease, cardiomyopathy, or heart failure
- ☐ Family history of sudden death under 40 or inherited cardiac condition (first-degree relative)
- ☐ QT-prolonging medicines or stimulant use with syncope or palpitations

Advise no strenuous exercise or sport until formally medically reviewed. Depending on symptoms and local pathways, may need emergency department rather than GP.

SELF-CARE: Clear Benign Vasovagal Features, No Red Flags

- ☐ Lightheadedness after stopping exercise, with heat or dehydration; no true blackout
- ☐ Full rapid recovery with rest, cooling, or fluids; no ongoing symptoms
- ☐ No palpitations, chest pain, breathlessness, or cardiac history
- ☐ Check for non-cardiac causes: dehydration, missed meals, anaemia, pregnancy, postural hypotension
- ☐ Check medicines: antihypertensives, diuretics, beta-blockers can cause or worsen syncope

Safety-net: seek urgent assessment if episodes recur, occur during exercise, or are associated with chest pain, palpitations, breathlessness, or family history of sudden death under 40.

Stratifying Cardiac Risk at the Counter

Feature	More likely benign	Red flag (NICE CG109)
Timing	After stopping exercise; heat or dehydration	During exertion; while lying down or sitting
Consciousness	Lightheadedness only; no blackout	True TLoC; collapse or unresponsiveness
Palpitations	Gradual fast heartbeat; settles with rest	Sudden onset/offset; irregular; with collapse
Family Hx	No relevant history	Sudden death under 40; inherited cardiac condition
Medicines	No relevant drugs or stimulants	QT-prolonging drugs; antihypertensives; stimulants

Key reminders: NICE CG109: TLoC during exertion, while supine, with heart murmur, heart failure, or family history of sudden death under 40 requires specialist cardiovascular assessment. Palpitations with sudden onset/offset, irregular rhythm, or associated collapse are red flags. Advise no strenuous exercise until medically reviewed. Consider medicine triggers and non-cardiac causes (hypoglycaemia, anaemia, pregnancy, postural hypotension) before attributing to a benign faint.