

## CAP5 Blackout/collapse

The trainee will be able to assess a patient presenting with a collapse to produce a valid differential diagnosis, investigate appropriately, formulate and implement a management plan (see also 'Syncope' and 'Falls')		
Knowledge	Assessment Methods	GMP Domains
Recall the causes for blackout and collapse (including syncopal causes vaso-vagal, cough, effort, micturition, carotid sinus hypersensitivity).	E, C, Mi, ACAT	1
Differentiate the causes depending on the situation of blackout +/- or collapse, associated symptoms and signs, and eye-witness reports	E, C, Mi, ACAT	1
Outline the indications for temporary and permanent pacing systems	E, C, Mi, ACAT	1
Define indications for investigations: ECHO, ambulatory ECG monitoring, neuro-imaging	E, C, Mi, ACAT	1
Skills		
Elucidate history to establish whether event was LOC, fall without LOC, vertigo (with eye-witness account if possible)	Mi, C	1
Assess patient in terms of ABC and level of consciousness and manage appropriately	Mi, C, D	1
Perform examination to elicit signs of cardiovascular or neurological disease and to distinguish epileptic disorder from other causes	Mi, C, D	1
Order, interpret and act on initial investigations appropriately: ECG, blood tests inc. glucose, brain imaging (CT and MRI)	Mi, C	1
Manage arrhythmias appropriately as per ALS guidelines	C, L	1
Detect orthostatic hypotension	Mi, C, D	1
Institute external pacing systems when appropriate	Mi, C, D, L	1

Behaviour		
Ensure the follow-up pathways for these patients e.g. syncope clinics, falls clinics	ACAT, C	2,3
Recognise impact episodes can have on lifestyle particularly in the elderly	ACAT, C	2, 3
Recognise recommendations regarding fitness to drive in relation to undiagnosed blackouts	ACAT, C	2, 3