## Priority Topic: LOSS OF CONSCIOUSNESS

### Key Features:

**BEWARE!** This Priority Topic is not only about syncope. It is intentionally not labelled as syncope in order to include other conditions associated with loss of consciousness including:

- seizure
- concussion
- intracranial hemorrhage
- syncope with WIDE differential including hemorrhage and PE

**Best single article:** *Systematic Approach to Unconscious Patient 2018*

<table>
<thead>
<tr>
<th>1. In an unconscious patient, <strong>assess ABC’s</strong> and <strong>resuscitate</strong> as needed.</th>
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</thead>
<tbody>
<tr>
<td><strong>What you should study:</strong> see also <strong>Priority Topic ACLS</strong></td>
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<tr>
<td>✓ <em>Systematic Approach to Unconscious Patient 2018</em> (<strong>AMAZING review + DDx!</strong>)</td>
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<th>2. As part of the assessment of a patient who has lost consciousness, obtain <strong>focused history</strong> from the patient or witnesses that would include duration, trauma, preexisting conditions, drugs, toxins, medications and seizure activity.</th>
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<td><strong>What you should study:</strong> as part of this Key Feature, don’t forget to develop a differential diagnosis.</td>
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<tr>
<td>✓ <em>EM Cases Episode 25: Pediatric Syncope and Adult Syncope</em></td>
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<tr>
<td>✓ <em>Syncope Evaluation and Diagnosis AAFP 2017</em></td>
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<tr>
<td>✓ <em>Seizure vs Syncope LANCET 2006</em></td>
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</table>
3. Examine unconscious patients for **localizing and diagnostic signs** (e.g., ketone smell, liver flap, focal neurologic signs).

**What you should study:**

✓ Systematic Approach to the Unconscious Patient 2018

4. In patients with a loss of consciousness and a history of head trauma, **rule out intracranial bleeding**.

**What you should study:** Couldn't find a good article on subdural and epidural hematomas... know the difference, and how to diagnose them.

✓ Canadian CT Head Rule *(memory aid)*
  If you want the original article: Canadian CT Head Rule LANCET 2001
  **note the exclusion criteria (patients on anticoagulants were excluded)**

✓ EM Cases Episode 3: Pediatric Head Injury

✓ Pecarn Rule 2009

5. In patients with a loss of consciousness who are anticoagulated, **rule out intracranial bleeding**.

✓ know that you must always get a CT head for a patient on anticoagulation

6. Assess and treat unconscious patients urgently for **reversible conditions** (e.g., shock, hypoxia, hypoglycemia, hyperglycemia, and narcotic overdose).

**What you should study:** Review Priority Topic ACLS for your H’s and T’s
7. When following up patients who have lost consciousness, assess and advise regarding return to work, sporting, driving and recreational activities to minimize the possibility of injury to self or others in the event of a recurrence.

**What you should study:**
- ESC Guidelines on Syncope 2018 - page 12 on driving
- Return to Play Guidelines
- Return to Learn for Children Post-Concussion CFP 2017
- Guide to Post-Concussion Care ONF 2017 page 51 for “Pathway”

8. In patients who have had a loss of consciousness without a clear diagnosis, pursue investigations (e.g., rule out transient arrhythmia, seizure).

**What you should study:**
- Systematic Approach to the Unconscious Patient 2018
- Syncope Practice Guidelines AAFP 2018

9. When following up patients who have lost consciousness and where there is potential for recurrent episodes, discuss specific preventive and protective measures (e.g., position changes with orthostatic pressure changes).

**What you should study:**
- Evaluation and Management of Orthostatic Hypotension AAFP 2011 Table 8
- Therapy of Vasovagal Syncope 2010

10. In patients with loss of consciousness following head trauma, treat and follow up according to current concussion guidelines.

**What you should study:**
- Concussion Guidelines (Adult) Ontario Neurotrauma Foundation 2013
- Concussion Guidelines (Pediatric) Ontario Neurotrauma Foundation 2014
11. Advise authorities about appropriate patients with loss of consciousness (e.g., regarding driving status).

What you should study:
✓ CMPA: Fitness to Drive
✓ Ontario Department of Transport: Report a Medically Unfit Driver