How to manage transient loss of consciousness in adults and young people aged 16 and over

NICE has issued evidence based guidance on the assessment, diagnosis and specialist referral of adults and young people who have experienced blackouts.

A transient loss of consciousness (TLoC) – or “blackout” – is a spontaneous loss of consciousness with complete recovery. It affects all ages and up to half of the UK’s population at some point.

Its causes include cardiovascular disorders – the commonest cause, these include cardiac arrhythmias and vasovagal syncope – and neurological conditions, such as epilepsy, and psychogenic attacks.

These causes have different underlying mechanisms, but the history and presentation can be similar. Diagnosis is often inaccurate, inefficient and delayed. This may have disastrous consequences, for example sudden cardiac death as a result of misdiagnosis of long QT syndrome. Misdiagnosis for epilepsy is estimated to cost up to £189m a year in the UK (National Institute of Health and Clinical Excellence, 2004).

In August, NICE issued a clinical guideline on TLoC in adults and young people aged 16 and older based on systematic reviews of the best evidence as well as cost effectiveness.

This aims to define pathways for initial assessment, diagnosis and specialist referral, to ensure that correct diagnosis is reached quickly, efficiently and cost effectively.

The guideline, in the form of an algorithm, directs staff and patients to areas where NICE guidance exists – for example on falls and epilepsy – and provides new guidance in other areas, such as for people with syncope.

INITIAL ASSESSMENT

A person with a suspected TLoC may be assessed initially by a range of professionals, including a GP, a practice nurse, a paramedic or accident and emergency staff.

It is essential that accurate information is recorded about the suspected TLoC from the patient and any witnesses. This may include obtaining evidence by telephone from paramedics, onlookers or witnesses.

Nurses are ideally placed to ensure this information is obtained and recorded. They can help to provide documented, accurate, detailed information on the TLoC event to help determine whether one has occurred.

ASSESS AND RECORD

Nurses should record patient history and medication, carry out a physical examination – including vital signs – and take a lying and standing blood pressure if indicated.

Recording of cardiovascular or neurological signs and a 12-lead ECG should be carried out. Other tests, such as haemoglobin levels, should be completed if there are concerns there is an underlying problem if anaemia or bleeding is suspected.

It may be possible after initial assessment to diagnose an uncomplicated faint or situational syncope.

Uncomplicated faint

There are no features to suggest another diagnosis. Features may include prolonged standing, provoking factors such as pain, and prodromal symptoms such as sweating.

Situational syncope

There are no features that suggest an alternative diagnosis. Syncope is provoked by straining during micturition or by coughing, or swallowing.

Orthostatic hypotension

If repeated measurements of lying and standing blood pressure – after standing for three minutes – confirm orthostatic hypotension, its causes, such as medication, should be considered and managed. These patients can be discharged with advice and information.

Further assessment and referral

Features suggestive of epilepsy include a bitten tongue, head turning to one side, no memory of the event and confusion after the event. People with suspected epilepsy should be referred for assessment by an epilepsy specialist (NICE, 2004).

Anyone presenting with TLoC, with any of the following should be referred within 24 hours for specialist cardiovascular assessment:

- An ECG abnormality;
- Heart failure;
- TLoC during exertion;
- Family history of sudden cardiac death in people under 40 years;
- New or unexplained breathlessness;
- A heart murmur.

Accurate nursing assessment can improve diagnostic accuracy and contribute towards positive patient outcomes. TLoC, whatever its cause, can have a profound impact on the person and their family or carers.

Nurses play an important role in ensuring that people with TLoC receive information and advice in a timely, appropriate and understandable format, including what to do if a further episode occurs, the impact TLoC may have on social and work activities and whether the person is allowed to drive.

CONCLUSION

The NICE guideline offers a comprehensive algorithm from initial assessment to diagnosis to ensure people receive a correct diagnosis quickly, efficiently and cost effectively, leading to a management plan.

Detailed history taking, a thorough clinical examination, recording a 12-lead ECG and further testing will not only reduce misdiagnosis but also enhance treatment success and patient safety, and may save costs.

Nurses will find the recommendations around assessment, information gathering, advice and referral of particular relevance.

The guideline is available for download at www.guidance.nice.org.uk/CG109.

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REFERENCES


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