

## Appendix 1. The Study Sites

1. Ottawa Hospital Civic, Ottawa, Ontario\*
2. Ottawa General Campus– Ottawa, Ontario\*
3. Foothills Medical Centre – Calgary, Alberta†
4. Hôpital de l'Enfant-Jésus du CHU de Québec-Université Laval, Quebec City, Quebec‡
5. Kingston General Hospital – Kingston, Ontario\*
6. Hotel Dieu Hospital – Kingston, Ontario\*
7. St. Boniface Hospital, Winnipeg, Manitoba‡
8. University Hospital – London, Ontario‡
9. Victoria Hospital - London, Ontario‡
10. University of Alberta Hospital – Edmonton, Alberta†
11. Vancouver General Hospital, Vancouver, British Columbia)‡

\*Sites that enrolled patients during both the derivation and validation phases

†Sites that enrolled patients only during the derivation phase

‡ Sites that enrolled patients only during the validation phase

## Appendix 2. 30-Day Serious outcomes and their definitions

The list of serious outcome measures collected, and their definitions are detailed below:

**1) Deaths** due to a cause of syncope or due to unknown cause.

### **2) Serious Arrhythmic Outcomes**

#### **a) Arrhythmias:**

- Sustained (> 30 seconds) or polymorphic ventricular tachycardia;
- sick sinus with alternating sinus bradycardia and tachycardia;
- sinus pause > 3 seconds;
- Mobitz type II atrioventricular heart block;
- complete heart block or junctional/idioventricular rhythm;
- alternating left and right bundle branch block;
- symptomatic (light-headedness/dizziness, hypotension – systolic BP < 90mmHg) supraventricular tachycardia with rate > 100/minute;
- symptomatic atrial flutter or fibrillation with fast (>100/minute) or slow (RR interval > 3seconds) ventricular rate;
- symptomatic sinus bradycardia < 40 beats/minute;
- pacemaker or implantable cardioverter-defibrillator (ICD) malfunction with cardiac pauses, or
- an abnormal electrophysiological study (corrected sinus node recovery time > 550 milliseconds; His-Ventricular intervals >100 milliseconds; inducible ventricular tachycardia for > 30 second; polymorphic ventricular tachycardia/ventricular fibrillation in patients with Brugada or ventricular dysplasia or previous cardiac arrest; symptomatic supraventricular tachycardia, or infra-Hisian block);

**b) Procedural interventions to treat arrhythmia** – Any interventions used to treat arrhythmic cause of syncope. The procedural interventions include pacemaker and/or defibrillator insertion, cardioversion or dialysis for electrolyte abnormalities causing arrhythmia.

### **3) Serious Non-Arrhythmic Outcomes**

#### **3.1 Serious non-arrhythmic cardiac outcomes:**

**c) Myocardial infarction:** Defined as a clinically important elevation in troponin or ECG change and must have been confirmed by the emergency physician or cardiologist or the most responsible physician;

#### **d) Serious structural heart disease:**

- aortic stenosis with valve area  $\leq 1\text{cm}^2$ ;
- hypertrophic cardiomyopathy with outflow tract obstruction;
- left atrial myxoma or thrombus with outflow tract obstruction; or
- pericardial effusion with ventricular wall motion abnormalities or pericardial tamponade;

**e) Aortic dissection** – confirmed by computerized tomography of the chest, trans-esophageal echocardiogram, MRI or angiography;

#### **3.2 Serious non-cardiac Outcomes**

**f) Pulmonary embolism** – confirmed by ventilation-perfusion (VQ) scan, computed tomography scan of the chest or angiography;

**g) Severe pulmonary artery hypertension** – detected by cardiac catheterization or echocardiography with a mean pulmonary arterial pressure > 30mmHg and was responsible for the syncope;

**h) Subarachnoid hemorrhage** – Confirmed by computed tomography/magnetic resonance imaging of the brain with or without spinal fluid analysis by lumbar puncture;

**i) Significant hemorrhage** – Defined as syncope associated with detected source of bleeding such as gastrointestinal bleeding, ruptured abdominal aortic aneurysm, or ectopic pregnancy that is clinically significant to cause syncope in the opinion of the treating physician or that required transfusion;

**j) Any other serious condition:** Includes conditions such as ectopic pregnancy, pneumothorax, sepsis that will require treatment and will cause the patient to return to the emergency department if not detected;

**k) Procedural interventions** – Any interventions used to treat a non-arrhythmic cause of syncope. The procedural interventions include surgery for valvular heart disease, chest tube/pig tail catheter insertion for pneumothorax or pleural effusion, or surgery for abdominal aortic aneurysm or ruptured spleen.

### Appendix 3. 30-Day Serious Outcomes after the index emergency department visit disposition among patients with Syncope in the Derivation (N=4357) and Validation cohorts

Serious Outcome – n (%)	Derivation cohort (N=4357)	Validation cohort N=3876)
<b>Total patients with serious outcomes</b>	<b>154 (3.5)</b>	<b>141 (3.6)</b>
<b>Death*</b>	<b>21 (0.5)</b>	<b>13 (0.3)</b>
<b>Arrhythmic Outcomes</b>	<b>94 (2.2)</b>	<b>109 (2.8)</b>
Death Due to Unknown Cause*	14 (0.3)	9 (0.2)
Arrhythmia	80 (1.8)	100 (2.6)
Sinus Node Dysfunction	21 (0.5)	25 (0.6)
New or Uncontrolled Atrial Fibrillation/Flutter	7 (0.2)	6 (0.2)
High-Grade Atrioventricular Block	9 (0.2)	17 (0.4)
Ventricular Arrhythmia	15 (0.3)	13 (0.3)
Supraventricular Tachycardia†	2 (0.0)	8 (0.2)
Pacemaker Insertion	26 (0.6)	31 (0.8)
<b>Non-Arrhythmic Outcomes</b>	<b>60 (1.4)</b>	<b>32 (0.8)</b>
Non-Arrhythmic Cardiac	22 (0.5)	17 (0.4)
Structural Heart Disease	11 (0.3)	10 (0.3)
Acute Coronary Syndrome	9 (0.2)	5 (0.1)
Myocarditis/Perimyocarditis	0 (0.0)	2 (0.1)
Aortic Dissection	1 (0.0)	0 (0.0)
Pericardial Effusion	1 (0.0)	0 (0.0)
Non-Cardiac	38 (0.9)	15 (0.4)
Pulmonary Embolism	9 (0.2)	3 (0.1)
Gastrointestinal Bleeding	11 (0.3)	5 (0.1)
Others‡	18 (0.4)	7 (0.2)

\*Of the 34 patients who died, the cause of death was not identified among 23 patients, and 11 patients died secondary to a cardiac or noncardiac serious condition listed.

†Includes all supraventricular arrhythmias except atrial fibrillation and flutter

‡Other non-cardiac serious outcomes include renal failure requiring dialysis, sepsis, anemia requiring transfusion, acute abdominal conditions (bowel obstruction, appendicitis, ectopic pregnancy, acute presentation of intra-abdominal or pelvic cancer, cholangitis, acute cholecystitis, pancreatitis with pleural effusion, leaking abdominal aortic aneurysm), lung pathology (severe pulmonary hypertension, pulmonary fibrosis, large pleural effusion, pneumothorax), acute intracranial pathology (subarachnoid hemorrhage, posterior circulation stroke, brain tumor, brain metastasis, intracranial hemorrhage, subdural hematoma), thyroid storm and subclavian steal syndrome.

**Appendix 4. Comparison of patients with and without ECG**

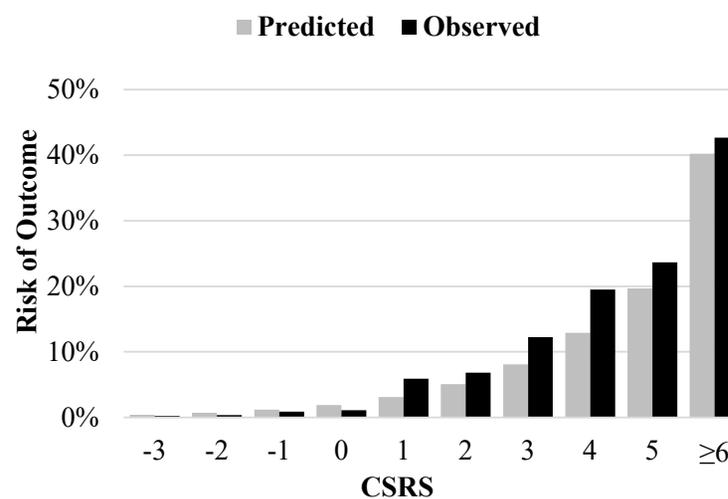
<b>Variable – n (%)</b>	<b>All patients N=8,233</b>	<b>ECG performed N=7,912 (96.1%)</b>	<b>ECG not performed N=321 (3.9%)</b>
<b>Age (in years)</b>			
Mean (SD)	53.5 (22.9)	54.1 (22.8)	40 (20.8)
Range	16 – 102	16 – 102	16 – 96
<b>Female</b>	4,534 (55.1)	4,334 (54.8)	200 (62.3)
<b>Arrival by ambulance</b>	5,253 (63.8)	5,097 (64.4)	156 (48.6)
<b>Medical history</b>			
Hypertension	2,495 (30.3)	2,449 (31)	46 (14.3)
Diabetes mellitus	858 (10.4)	8,41 (10.6)	17 (5.3)
Coronary artery disease	900 (10.9)	891 (11.3)	9 (2.8)
Atrial fibrillation or flutter	548 (6.7)	538 (6.8)	10 (3.1)
Valvular heart disease	257 (3.1)	251 (3.2)	6 (1.9)
Congestive heart failure	226 (2.7)	222 (2.8)	4 (1.2)
<b>Management in emergency department</b>			
Electrocardiography	7,912 (96.1)	7,912 (100)	0 (0.0)
Blood tests	6,863 (83.4)	6,693 (84.6)	170 (53.0)
Admission to hospital	739 (9.0)	721 (9.1)	18 (5.6)
<b>30-day serious outcomes</b>			
During index visit hospitalization	174 (2.1)	170 (2.1)	2 (0.6)
After the index visit	121 (1.5)	120 (1.5)	3 (0.9)

**Appendix 5. Comparison of patients with and without troponin measurements**

<b>Variable – n (%)</b>	<b>All patients N=8,233</b>	<b>Troponin measured N=4,283 (52.0%)</b>	<b>Troponin not measured N=3,950 (48.0%)</b>
<b>Age (in years)</b>			
Mean (SD)	53.5 (22.9)	64.2 (18.9)	42 (21.2)
Range	16 – 102	16 – 102	16 – 101
<b>Female</b>	4,534 (55.1)	2,047 (47.8)	2,487 (63.0)
<b>Arrival by ambulance</b>	5,253 (63.8)	3,023 (70.6)	2,230 (56.5)
<b>Medical history</b>			
Hypertension	2,495 (30.3)	1,883 (44.0)	612 (15.5)
Diabetes mellitus	858 (10.4)	658 (15.4)	200 (5.1)
Coronary artery disease	900 (10.9)	751 (17.5)	149 (3.8)
Atrial fibrillation or flutter	548 (6.7)	427 (10.0)	121 (3.1)
Valvular heart disease	257 (3.1)	182 (4.2)	75 (1.9)
Congestive heart failure	226 (2.7)	189 (4.4)	37 (0.9)
<b>Management in emergency department</b>			
Electrocardiography	7,912 (96.1)	4,227 (98.7)	3,685 (93.3)
Blood tests	6,863 (83.4)	4,283 (100)	2,580 (65.3)
Admission to hospital	739 (9.0)	595 (13.9)	144 (3.6)
<b>30-day serious outcomes</b>			
During index visit hospitalization	174 (2.1)	150 (3.5)	24 (0.6)
After the index visit	121 (1.5)	95 (2.2)	26 (0.7)

### Appendix 6. Calibration of the Canadian Syncope Risk Score for 30-day Serious Outcomes at each score level

Score*	Number of patients (%)	Predicted probability of serious outcome (%)	Observed probability of serious outcome (%)
-3	2,172 (26.4)	0.4	0.2
-2	1,413 (17.2)	0.7	0.4
-1	1,003 (12.2)	1.2	0.9
0	1,640 (19.9)	1.9	1.1
1	573 (7.0)	3.1	5.9
2	543 (6.6)	5.1	6.8
3	367 (4.5)	8.1	12.3
4	195 (2.4)	12.9	19.5
5	169 (2.1)	19.7	23.7
≥ 6	150 (1.8)	40.2	42.7



\*8,225 patients had information for all the component CSRS predictors for the total score calculation

## Appendix 7. 30-Day Serious Outcomes for each Canadian Syncope Risk Score Level

Canadian Syncope Risk Score	N	All deaths	Arrhythmic Outcomes			Non-Arrhythmic Outcomes	All outcomes
			Death from unknown cause	Ventricular arrhythmia	Non-ventricular arrhythmia		
<b>Very Low</b>	<b>-3</b>	2,172 (26.4)	1 (0.0)	0 (0.0)	0 (0.0)	5 (0.2)	<b>5 (0.2)</b>
	<b>-2</b>	1,413 (17.2)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.1)	<b>5 (0.4)</b>
<b>Low</b>	<b>-1</b>	1,003 (12.2)	0 (0.0)	0 (0.0)	3 (0.3)	6 (0.6)	<b>9 (0.9)</b>
	<b>0</b>	1,640 (19.9)	0 (0.0)	0 (0.0)	7 (0.4)	11 (0.7)	<b>18 (1.1)</b>
<b>Medium</b>	<b>+1</b>	573 (7.0)	4 (0.7)	3 (0.5)	19 (3.3)	9 (1.6)	<b>34 (5.9)</b>
	<b>+2</b>	543 (6.6)	3 (0.6)	1 (0.2)	19 (3.5)	14 (2.6)	<b>37 (6.8)</b>
	<b>+3</b>	367 (4.5)	3 (0.8)	2 (0.5)	26 (7.1)	14 (3.8)	<b>45 (12.3)</b>
<b>High</b>	<b>+4</b>	195 (2.4)	5 (2.6)	4 (2.1)	20 (10.3)	9 (4.6)	<b>38 (19.5)</b>
	<b>+5</b>	169 (2.1)	8 (4.7)	6 (3.6)	16 (9.5)	14 (8.3)	<b>40 (23.7)</b>
<b>Very High</b>	<b>≥ +6</b>	150 (1.8)	10 (6.7)	7 (4.7)	38 (25.3)	9 (6.0)	<b>64 (42.7)</b>

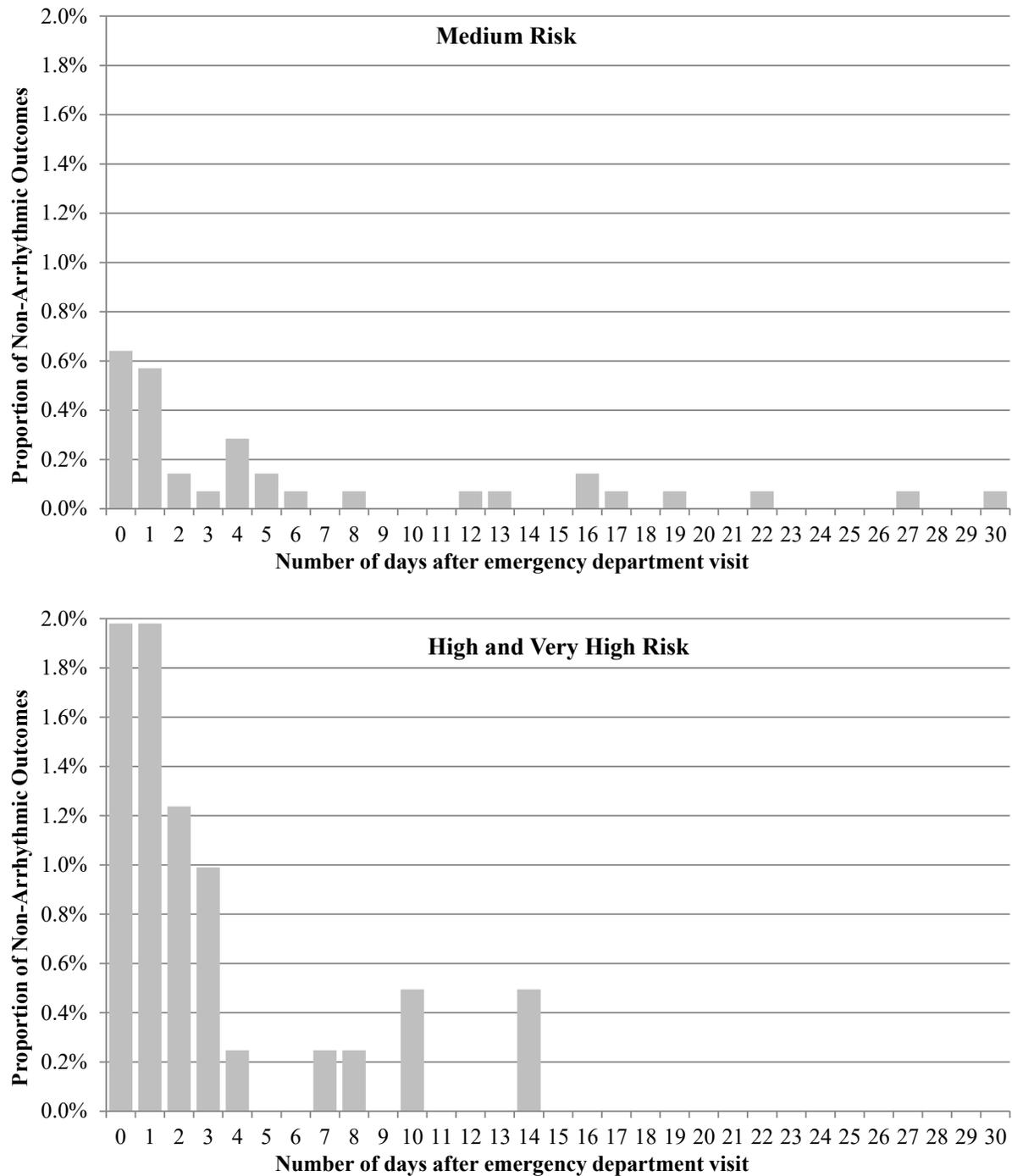
**Appendix 8. Sensitivity and Specificity for 30-day Serious Outcomes after ED disposition at CSRS threshold score level**

Canadian Syncope Risk Score	Number of Patients* (%)	Sensitivity (95% CI) <sup>†</sup>	Specificity (95% CI) <sup>†</sup>	Negative Predictive Value (95% CI) <sup>†</sup>	Positive Predictive Value (95% CI) <sup>†</sup>
<b>Very Low</b>	<b>-3</b>	2,172 (26.4)	1 (0.988; 1)	-	0.036 (0.032; 0.040)
	<b>-2</b>	1,413 (17.2)	0.983 (0.961; 0.995)	0.273 (0.264; 0.283)	0.048 (0.043; 0.053)
<b>Low</b>	<b>-1</b>	1,003 (12.2)	0.966 (0.939; 0.984)	0.451 (0.440; 0.462)	0.061 (0.055; 0.068)
	<b>0</b>	1,640 (19.9)	0.936 (0.901; 0.961)	0.576 (0.565; 0.587)	0.076 (0.067; 0.085)
<b>Medium</b>	<b>+1</b>	573 (7.0)	0.875 (0.831; 0.910)	0.781 (0.771; 0.790)	0.129 (0.115; 0.144)
	<b>+2</b>	543 (6.6)	0.759 (0.706; 0.807)	0.849 (0.841; 0.857)	0.157 (0.138; 0.176)
	<b>+3</b>	367 (4.5)	0.634 (0.576; 0.689)	0.913 (0.906; 0.919)	0.212 (0.185; 0.239)
<b>High</b>	<b>+4</b>	195 (2.4)	0.481 (0.423; 0.540)	0.953 (0.948; 0.958)	0.276 (0.238; 0.315)
	<b>+5</b>	169 (2.1)	0.353 (0.298; 0.410)	0.973 (0.969; 0.976)	0.326 (0.275; 0.376)
<b>Very High</b>	<b>≥ +6</b>	150 (1.8)	0.217 (0.171; 0.268)	0.989 (0.987; 0.991)	0.427 (0.348; 0.506)

CI = Confidence Interval

\*A total of 8,225 patients had information for all the component predictors in the pooled cohort

<sup>†</sup>The sensitivities specificities and predictive values reported are for that value of the risk score or higher

**Appendix 9. Time of Occurrence of Non-Arrhythmic Serious Outcomes among Medium, High and Very-High Risk Patients**

**Appendix 10. Serious Outcome Identification while Hospitalized among patients within the Canadian Syncope Risk Score categories**

<b>Risk Category</b>	<b>N</b>	<b>All outcomes* N (%)</b>	<b>Hospitalized N (%)</b>	<b>Serious outcome identified in-hospital N (%)</b>
<b>Very Low</b>	3,585	10 (0.3)	51 (1.4)	2 (0.1)
<b>Low</b>	2,643	27 (1.0)	134 (5.1)	7 (0.3)
<b>Medium</b>	1,483	116 (7.8)	319 (21.5)	63 (4.2)
<b>High</b>	364	78 (21.4)	150 (41.2)	58 (15.9)
<b>Very High</b>	150	64 (42.7)	85 (56.7)	44 (29.3)
<b>Total</b>	<b>8,225<sup>†</sup></b>	295 (3.6)	<b>739 (9.0)</b>	<b>174 (2.1)</b>

<sup>†</sup>8,225 patients had information for all the component Canadian Syncope Risk Score predictors for the total score calculation

## Appendix 11. The Canadian Syncope Risk Score – Online Calculator

### Canadian Syncope Risk Score Calculator

#### Clinical evaluation

##### Predisposition to vasovagal symptoms

Triggered by being in a warm crowded place, prolonged standing, fear, emotion, or pain

No Yes -1

##### Heart disease history

Includes history of coronary or valvular heart disease, cardiomyopathy, congestive heart failure and non-sinus rhythm (electrocardiogram evidence during index visit or documented history of ventricular or atrial arrhythmias, or device implantation)

No Yes +1

##### Any systolic blood pressure reading in the emergency department <90 or >180 mmHg

Includes blood pressure values from triage until disposition from the emergency department

No Yes +2

#### Investigations

##### Elevated troponin

>99th percentile of normal population

No Yes +2

##### Abnormal QRS axis

<-30° or >100°

No Yes +1

##### QRS duration >130 milliseconds

No Yes +1

##### Corrected QT interval >480 milliseconds

No Yes +2

#### Diagnosis in emergency department

##### Vasovagal or Reflex or Neurally mediated syncope

Based on evaluation and clinical impression in ED (Features include one or more of the following: vasovagal predisposition may be present; typically associated with a prodrome of diaphoresis, warmth, nausea/vomiting, or pallor; associated with hypotension or inappropriate bradycardia; often followed by fatigue; may be situational – e.g. micturition, cough)

No Yes -2

##### Cardiac syncope

Based on evaluation and clinical impression in ED (Features include one or more of the following: syncope during exertion; preceded by palpitations; sudden with no prodrome; injuries suggesting sudden fall; family history of sudden death at young age; history of heart disease, ECG findings suggestive of structural heart disease or arrhythmic syncope)

No Yes +2

##### Unexplained syncope

Based on evaluation and clinical impression in ED the patient does not fit into either of the above two categories – vasovagal or cardiac

No Yes

# Score: 0

30-day risk of serious outcomes for your patient is: **Very Low / Low**

The proportion of patients who will suffer specific type of serious outcome based on the Canadian Syncope Risk Score category is given below: (observed serious outcomes based on 8,225 patients enrolled in the derivation and validation phases)

### Risk of Serious Outcome within 30-days

Risk Category	Any serious outcome	Deaths due to any cause	Arrhythmic Outcomes			Non-Arrhythmic Outcomes†
			Death from unknown cause	Ventricular arrhythmia	Non-ventricular arrhythmia*	
<b>Very Low / Low</b>	0.6%	0.02%	0%	0%	0.2%	0.4%

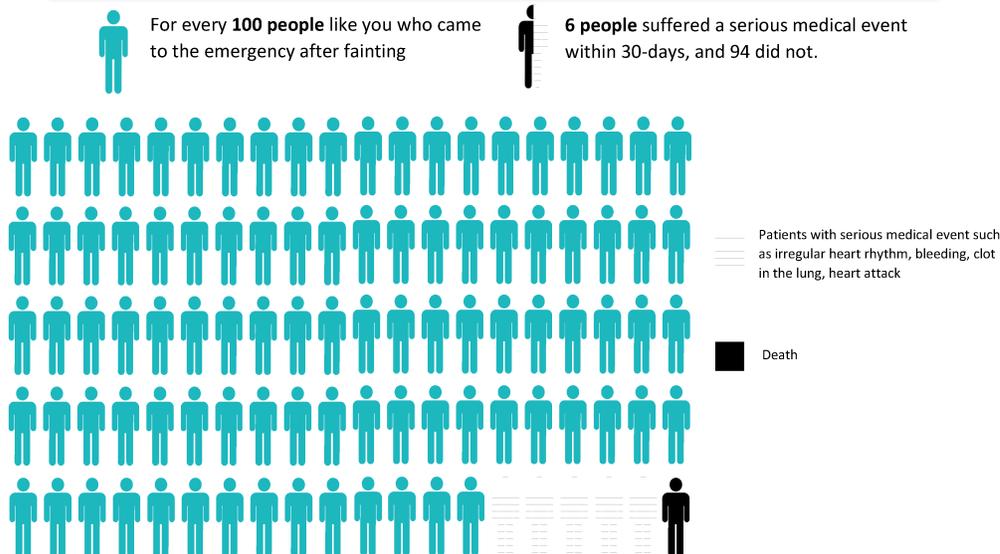
**Appendix 12. Patient Information Materials**

**FAINTING (SYNCOPE) PATIENT INFORMATION SHEET**  
**CANADIAN SYNCOPE RISK SCORE: MEDIUM-RISK PATIENT (Score = 1)**

Prepared for: \_\_\_\_\_

Why did you faint today?	What is your future risk?	Your personalized 30-day risk profile
You were seen in the emergency because you passed out, also known as fainting or syncope. THE GOOD NEWS is: Your team of doctors and nurses DID NOT find a serious medical condition such as heart attack, major bleeding at this time.	It is still possible that a serious condition such as an irregular heart rhythm, structural heart problems including the valves, or bleeding may be identified in the future.	Your risk compared to emergency patients seen for fainting with similar factors* is given below.

**Over half of the time, we do not find the cause of fainting even after several tests in the emergency.**



Your doctor will decide about discharge after discussing with you and may recommend a heart rhythm monitoring upon discharge

***After discharge, if you develop a severe headache, new or worsening headache, chest pain, shortness of breath, abdominal pain, fever, or feel unwell, you should seek medical attention promptly.***

\*Circumstances leading to fainting, heart disease, blood pressure, heart tracing (ECG), your doctor's impression about the cause of fainting, and sometimes heart blood test (troponin).

**For general information regarding syncope (fainting), see information on the back.**

## **GENERAL INFORMATION**

### **What is syncope (fainting)?**

Fainting is when a person temporarily loses consciousness and regains it quickly. Fainting is very common, with 1 in 3 people fainting at some point in their life. Most times, it is nothing to worry about.

### **What causes fainting?**

Fainting happens when the brain temporarily does not get enough blood. There are several causes for fainting (your cause is circled below):

Vasovagal fainting: This is the most common cause of fainting and happens when the body reacts to stress from pain, fear, emotion, standing too long, over-tiredness, overheating, at times to urinating, coughing, or other body functions. Your body reacts by slowing the heart or expanding your blood vessels or both excessively leading to fainting. Sometimes vasovagal fainting happens with no cause.

Blood pressure drop: This happens when you do not drink enough fluids, due to medications that drop the blood pressure, too much blood loss, or other medical conditions that affect the blood pressure.

At times both factors play a role and cause fainting.

#### Heart problems:

- Fainting can also happen
- Electrical problems in the heart or side effects of medications causing the heartbeat to be too slow or too fast
- Structural problems in the heart such as valve problems or heart muscle disease
- Rarely due to the blockage in blood vessel and the resulting heart attack

**Over half of the time, the cause of fainting will not be known even after tests in the emergency.**

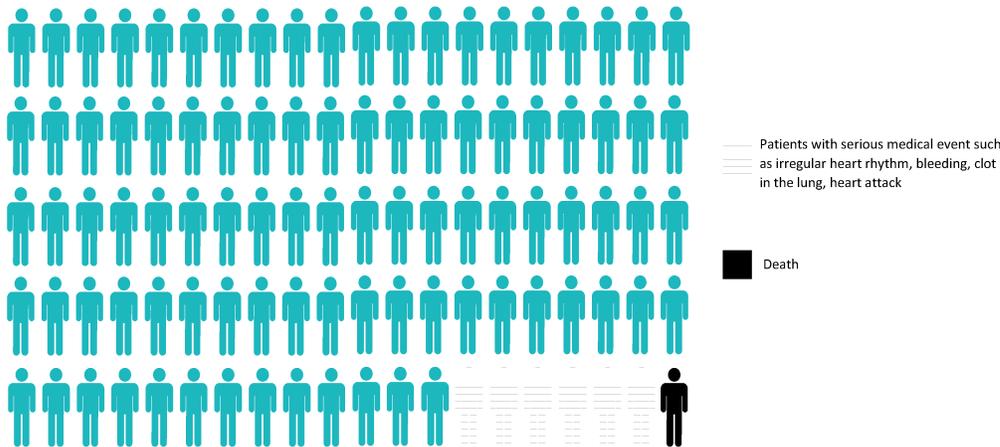
**FAINTING (SYNCOPE) PATIENT INFORMATION SHEET**  
**CANADIAN SYNCOPE RISK SCORE: MEDIUM-RISK PATIENT (Score = 2)**

Prepared for: \_\_\_\_\_

<p><b>Why did you faint today?</b></p> <p>You were seen in the emergency because you passed out, also known as fainting or syncope.                  THE GOOD NEWS is: Your team of doctors and nurses DID NOT find a serious medical condition such as heart attack, major bleeding at this time.</p>	<p><b>What is your future risk?</b></p> <p>It is still possible that a serious condition such as an irregular heart rhythm, structural heart problems including the valves, or bleeding may be identified in the future.</p>	<p><b>Your personalized 30-day risk profile</b></p> <p>Your risk compared to emergency patients seen for fainting with similar factors* is given below.</p>
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**Over half of the time, we do not find the cause of fainting even after several tests in the emergency.**

 For every **100 people** like you who came to the emergency after fainting
  **7 people** suffered a serious medical event within 30-days, and 93 did not.



Your doctor will decide about discharge after discussing with you and may recommend a heart rhythm monitoring upon discharge

***After discharge, if you develop severe headache, new or worsening headache, chest pain, shortness of breath, abdominal pain, fever, or feel unwell, you should seek medical attention promptly.***

\*Circumstances leading to fainting, heart disease, blood pressure, heart tracing (ECG), your doctor's impression about the cause of fainting, and sometimes heart blood test (troponin).  
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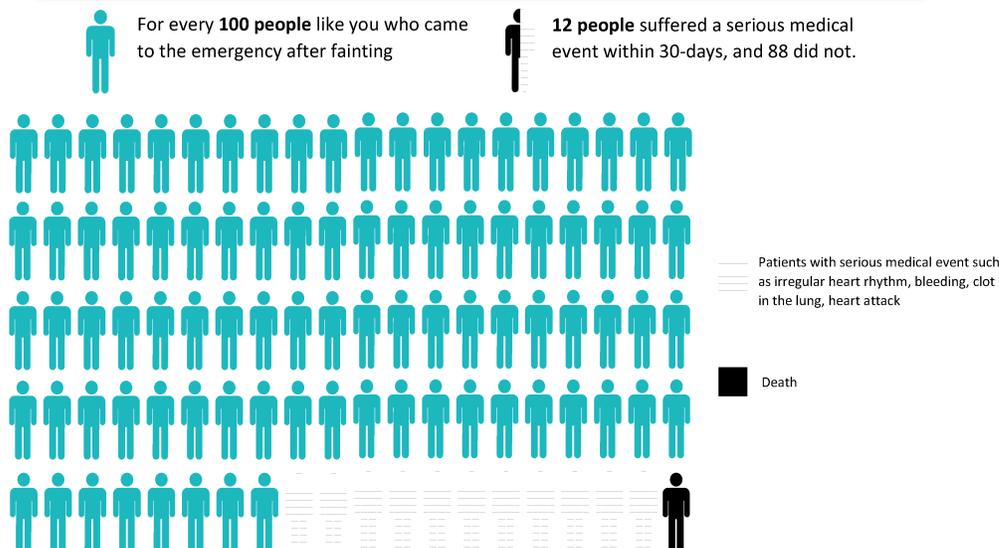
**Over half of the time, the cause of fainting will not be known even after tests in the emergency.**

**FAINTING (SYNCOPE) PATIENT INFORMATION SHEET**  
**CANADIAN SYNCOPE RISK SCORE: MEDIUM-RISK PATIENT (Score = 3)**

Prepared for: \_\_\_\_\_

<p><b>Why did you faint today?</b></p> <p>You were seen in the emergency because you passed out, also known as fainting or syncope.</p> <p>THE GOOD NEWS is: Your team of doctors and nurses DID NOT find a serious medical condition such as heart attack, major bleeding at this time.</p>	<p><b>What is your future risk?</b></p> <p>It is still possible that a serious condition such as an irregular heart rhythm, structural heart problems including the valves, or bleeding may be identified in the future.</p>	<p><b>Your personalized 30-day risk profile</b></p> <p>Your risk compared to emergency patients seen for fainting with similar factors* is given below.</p>
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Vasovagal fainting: This is the most common cause of fainting and happens when the body reacts to stress from pain, fear, emotion, standing too long, over-tiredness, overheating, at times to urinating, coughing, or other body functions. Your body reacts by slowing the heart or expanding your blood vessels or both excessively leading to fainting. Sometimes vasovagal fainting happens with no cause.

Blood pressure drop: This happens when you do not drink enough fluids, due to medications that drop the blood pressure, too much blood loss, or other medical conditions that affect the blood pressure.

At times both factors play a role and cause fainting.

#### Heart problems:

- Fainting can also happen
- Electrical problems in the heart or side effects of medications causing the heartbeat to be too slow or too fast
- Structural problems in the heart such as valve problems or heart muscle disease
- Rarely due to the blockage in blood vessel and the resulting heart attack

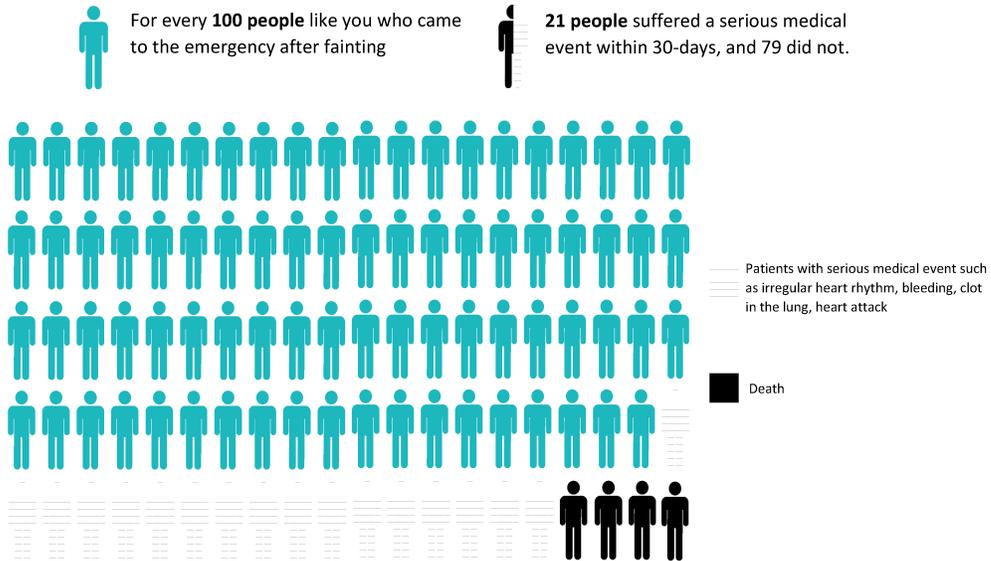
**Over half of the time, the cause of fainting will not be known even after tests in the emergency.**

**FAINTING (SYNCOPE) PATIENT INFORMATION SHEET**  
**CANADIAN SYNCOPE RISK SCORE: HIGH-RISK PATIENT**

Prepared for: \_\_\_\_\_

<p><b>Why did you faint today?</b></p> <p>You were seen in the emergency because you passed out, also known as fainting or syncope. THE GOOD NEWS is: Your team of doctors and nurses DID NOT find a serious medical condition such as heart attack, major bleeding at this time.</p>	<p><b>What is your future risk?</b></p> <p>It is still possible that a serious condition such as an irregular heart rhythm, structural heart problems including the valves, or bleeding may be identified in the future.</p>	<p><b>Your personalized 30-day risk profile</b></p> <p>Your risk compared to emergency patients seen for fainting with similar factors* is given below.</p>
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**Over half of the time, we do not find the cause of fainting even after several tests in the emergency.**



Your doctor will discuss with you about discharge or admission to hospital. If discharged, your doctor may recommend a heart rhythm monitoring

***If you are discharged and after leaving the hospital if you develop a severe headache, new or worsening headache, chest pain, shortness of breath, abdominal pain, fever, or feel unwell, you should seek medical attention promptly.***

\*Circumstances leading to fainting, heart disease, blood pressure, heart tracing (ECG), your doctor's impression about the cause of fainting, and sometimes heart blood test (troponin).  
**For general information regarding syncope (fainting), see information on the back.**

## **GENERAL INFORMATION**

### **What is syncope (fainting)?**

Fainting is when a person temporarily loses consciousness and regains it quickly. Fainting is very common, with 1 in 3 people fainting at some point in their life. Most times, it is nothing to worry about.

### **What causes fainting?**

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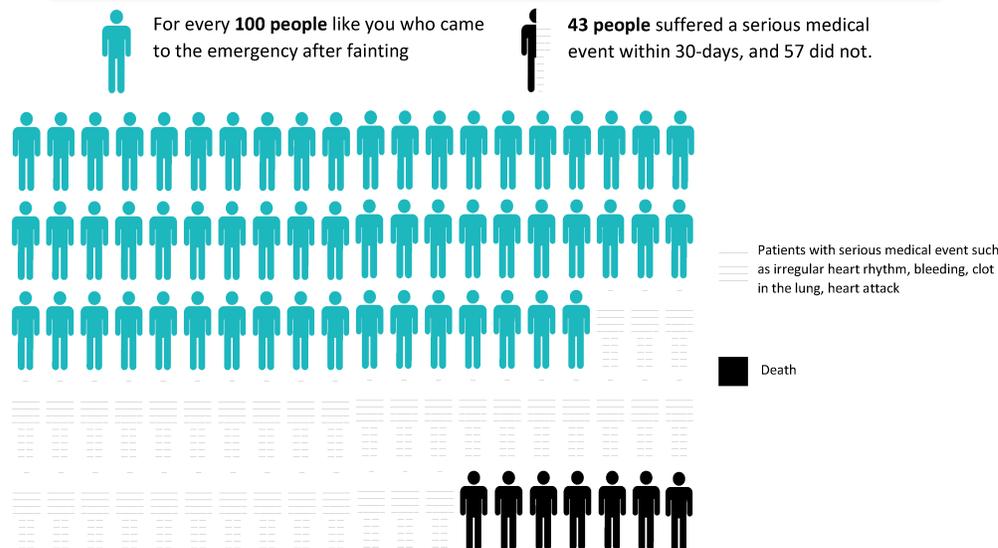
**Over half of the time, the cause of fainting will not be known even after tests in the emergency.**

**FAINTING (SYNCOPE) PATIENT INFORMATION SHEET**  
**CANADIAN SYNCOPE RISK SCORE: VERY-HIGH RISK PATIENT**

Prepared for: \_\_\_\_\_

<p><b>Why did you faint today?</b></p> <p>You were seen in the emergency because you passed out, also known as fainting or syncope. THE GOOD NEWS is: Your team of doctors and nurses DID NOT find a serious medical condition such as heart attack, major bleeding at this time.</p>	<p><b>What is your future risk?</b></p> <p>It is still possible that a serious condition such as an irregular heart rhythm, structural heart problems including the valves, or bleeding may be identified in the future.</p>	<p><b>Your personalized 30-day risk profile</b></p> <p>Your risk compared to emergency patients seen for fainting with similar factors* is given below.</p>
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**Appendix 13. Characteristics of Patients Lost to 30-Day Follow-up**

<b>Characteristic – n (%)</b>	<b>N=337 (3.5%)</b>
<b>Age (in years)</b>	
Mean (SD)	42.7 (20.9)
Range	17 – 101
<b>Female</b>	150 (53.6)
<b>Arrival by ambulance</b>	205 (73.2)
<b>Medical history</b>	
Hypertension	42 (15)
Diabetes mellitus	8 (2.9)
Coronary artery disease	9 (3.2)
Atrial fibrillation or flutter	5 (1.8)
Valvular heart disease	0 (0.0)
Congestive heart failure	5 (1.8)
<b>Management in emergency department</b>	
Electrocardiography performed	268 (95.7)
Blood tests performed	213 (76.1)
Hospitalized	7 (2.5)