Evaluation Process and Checklist

History of Circumstances Surrounding Symptoms

Syncope

- What was patient doing at time of episode? ________________________________
- When did it occur?
  - ☐ With exercise  ☐ While driving  ☐ In hot environment (e.g., shower)  ☐ After prolonged standing
  - ☐ With identifiable trigger (e.g., sight of blood)  ☐ During emotional stress
- Patient’s position at time of episode  ☐ Lying down  ☐ Sitting  ☐ Standing
- How long was patient unconscious? ________________________________
- How often is patient experiencing unconsciousness? ________________________________
- Associated symptoms
  - ☐ Dizziness  ☐ Pallor  ☐ Cold sweat  ☐ Nausea  ☐ Loss of bladder or bowel control  ☐ Seizure
- Dietary
  - Amount of food and beverage consumed prior to episode ________________________________
  - Breakfast consumed on day of episode?  ☐ Yes  ☐ No
  - Amount of fluid consumed per day (teens target 50 – 70 oz. per day) ________________________________
  - Caffeine consumed regularly and/or on day of episode?  ☐ Yes  ☐ No
  - Amount of salt present in diet ________________________________
  - Number of times patient urinates per day ________________________________
  - Color of urine ________________________________

Palpitations

- With syncope?  ☐ Yes  ☐ No  ☐ With exercise?  ☐ Yes  ☐ No
- Rate  ☐ Mild (<100 bpm)  ☐ Moderate (100 – 150 bpm)  ☐ Racing (>150 bpm)
- Can patient tap out rate?  ☐ Yes  ☐ No
- How long did palpitations last? ________________________________
- How often is patient experiencing palpitations? ________________________________

Family History

- ☐ Sudden cardiac death/SIDS  ☐ Deafness  ☐ Cardiomyopathy  ☐ Long QT Syndrome
- ☐ Implantable defibrillator or pacemaker  ☐ Brugada Syndrome  ☐ Syncope

Physical Examination  ☐ Normal  ☐ Abnormal

Notes ________________________________

Electrocardiogram  ☐ Read by pediatric cardiologist or pediatric electrophysiologist

Physician-to-Physician Consultation Line

216-UH4-ADOC (216-844-2362)

Physician Access Line
(Patient transfers, admissions referrals, emergency department referrals, appointments)

216-UH4-PEDS (216-844-7337)

Rainbow.org

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