

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 the symptoms? _____
- 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)

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