

Collapse ? cause

If any of the following RED FLAG presentations:

- **Associated headache - ?intracranial bleed**
- **History of ischaemic or valvular heart disease especially if recent chest pain / palpitations / abnormal ECG**
NOTE: patient often has pallor on collapse & frequently sustains injury on falling
- **History / obs suggestive of hidden bleeding e.g. AAA, GI, ruptured ectopic pregnancy**

➔ Seek senior
Doctor for advice

Was this actually a seizure? (preceding aura, limb movement, incontinence, tongue biting, post-ictal period) - follow appropriate IAT.

- 1) Fully undress, apply a gown and wrist band
- 2) Perform ECG and get it reviewed
- 3) Record vital signs: HR, Lying and standing BP, RR, SpO₂, Temp, GCS, BM
Commence Obs Chart and complete Early Warning Score - follow ED Escalation Plan
- 4) Is history suggestive of **SIMPLE FAINT** (no red flag features, typical pre-syncopal symptoms, standing at the time, rapid and full recovery), and Obs and ECG normal -
Seek early senior doctor review - patient may be able to go directly home
- 5) Unless history suggestive of a simple faint as above, take: FBC, UE
Do serum BHCG on all women of child-bearing age
Only cannulate and complete VIPS if red flag features (see box above)
- 6) Perform pain score and give analgesia as required
- 7) Urinalysis (+ MSU if positive for leucocytes / nitrites)
Do urinary BHCG if patient female
- 9) If any resultant injuries are present and are likely to require an X-ray, seek doctor to examine and arrange
- 10) Consider early, is wound care required? Inform theatre nurse early

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS