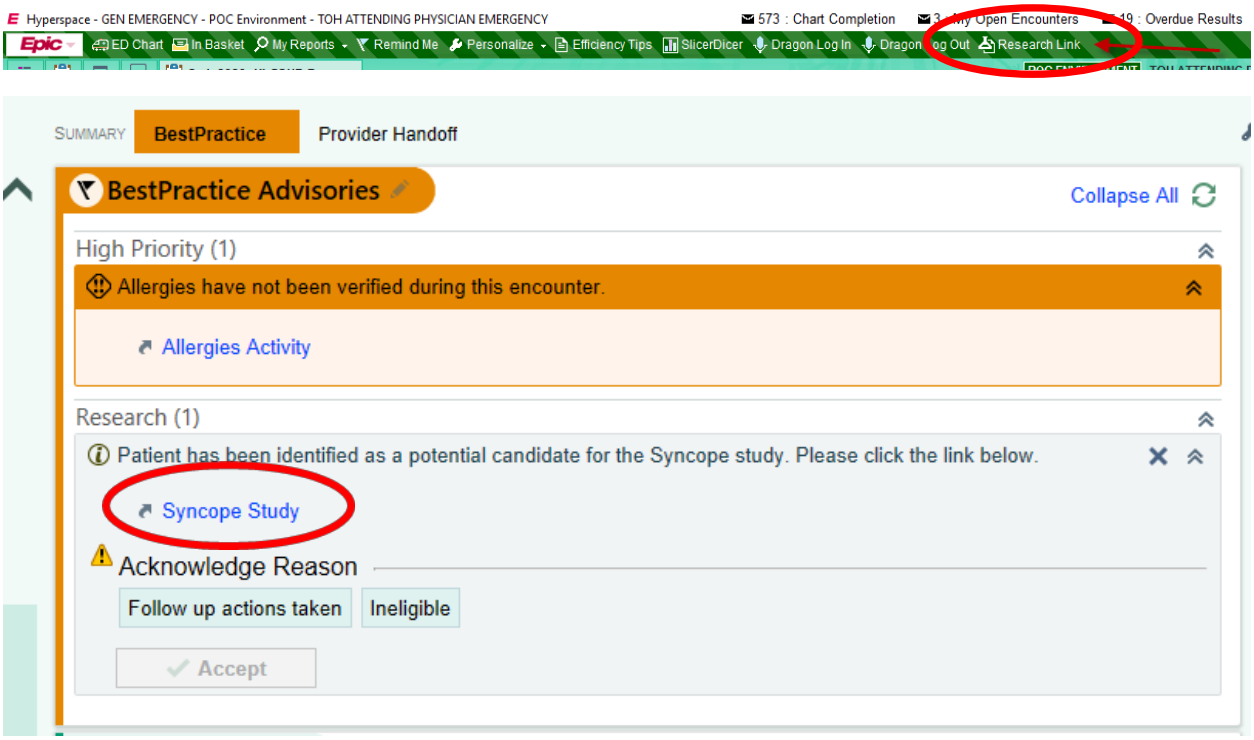
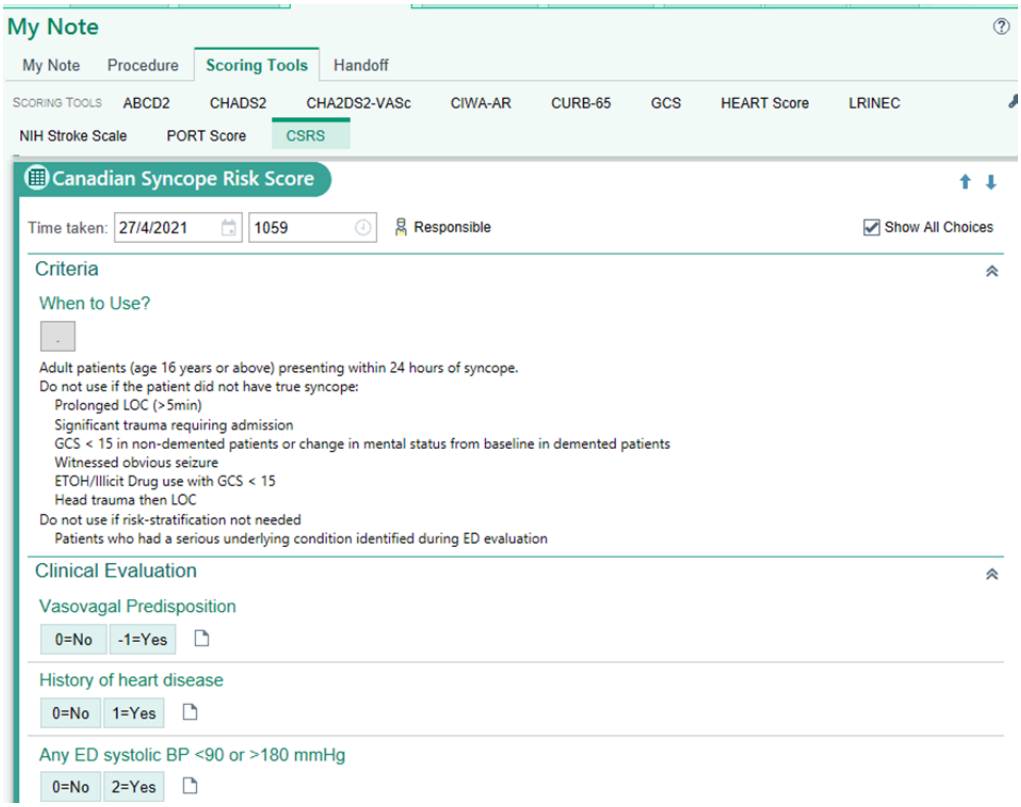
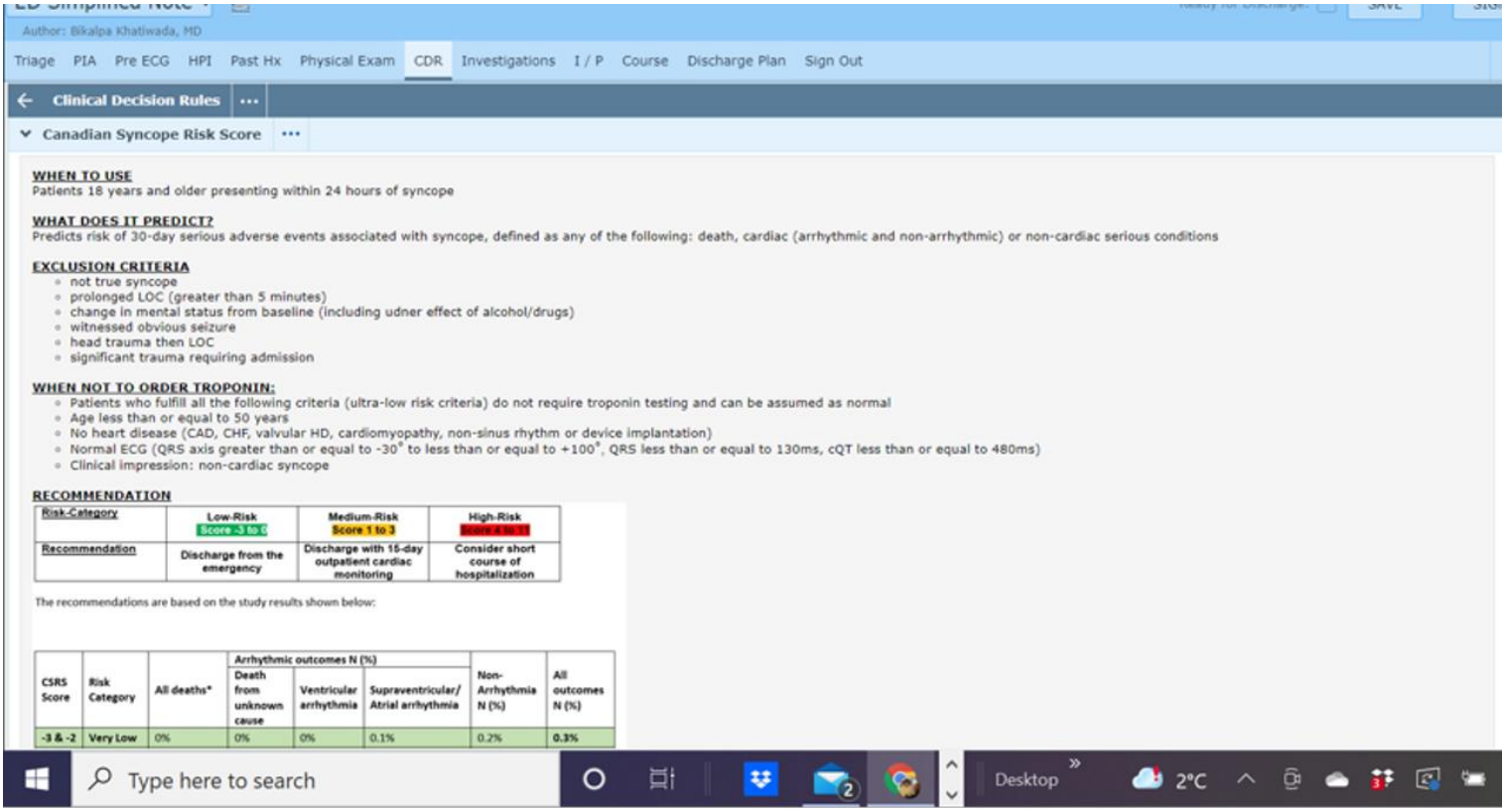
Appendix 1. Electronic Health Records Integration – EPIC and Meditech






Author: Bikalpa Khatiwada, MD
Triage PIA Pre ECG HPI Past Hx Physical Exam CDR Investigations I / P Course Discharge Plan Sign Out
Clinical Decision Rules
Canadian Syncope Risk Score
WHEN TO USE
Patients 18 years and older presenting within 24 hours of syncope
WHAT DOES IT PREDICT?
Predicts risk of 30-day serious adverse events associated with syncope, defined as any of the following: death, cardiac (arrhythmic and non-arrhythmic) or non-cardiac serious conditions
EXCLUSION CRITERIA
not true syncope
prolonged LOC (greater than 5 minutes)
change in mental status from baseline (including udner effect of alcohol/drugs)
witnessed obvious seizure
head trauma then LOC
significant trauma requiring admission
WHEN NOT TO ORDER TROPONIN:
Patients who fulfill all the following criteria (ultra-low risk criteria) do not require troponin testing and can be assumed as normal
Age less than or equal to 50 years
No heart disease (CAD, CHF, valvular HD, cardiomyopathy, non-sinus rhythm or device implantation)
Normal ECG (QRS axis greater than or equal to -30° to less than or equal to +100°, QRS less than or equal to 130ms, cQT less than or equal to 480ms)
Clinical impression: non-cardiac syncope
RECOMMENDATION
Risk-Category | Low-Risk Score -3 to 0 | Medium-Risk Score 1 to 3 | High-Risk Score 4 to 11
Recommendation | Discharge from the emergency | Discharge with 15-day outpatient cardiac monitoring | Consider short course of hospitalization
The recommendations are based on the study results shown below:
CSRS Score | Risk Category | All deaths* | Arrhythmic outcomes N (%) | | | Non-Arrhythmia N (%) | All outcomes N (%)
Death from unknown cause | Ventricular arrhythmia | Supraventricular/ Atrial arrhythmia
-3 & -2 | Very Low | 0% | 0% | 0% | 0.1% | 0.2% | 0.3%
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