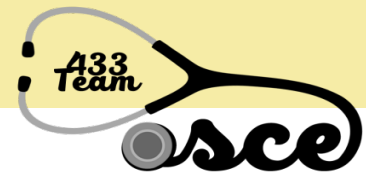


Nervous System



History of acute loss of consciousness

Chief Complain: acute loss of consciousness

Questions	Indications
First we have to make sure it is true syncope :	
Was it complete loss of consciousness ?	-To make sure it is not transient ischemic attack affecting the brain-stem " drop attacks" , because TIA this case the patient will fall only
Is it the first attack ?	If the answer is no you have to ask about progression .
Before the attack :	
Was there a trigger ? Or when did it occur ?	-Changing position from sitting to standing : postural hypotension - sitting or lying down : cardiac problems -during heavy exercise : aortic stenosis -during urination : micturition syncope - emotional response (fear , anxiety) : vasovagal syncope
Did you get any warning ?	-nausea, ringing in the ears: vasovagal syncope -palpitation, chest pain and SOB: cardiac syncope -sweating, weakness and confusion: hypoglycemia -olfactory (aura): seizure
Any color changes ?	-pallor: syncope -cyanosis : seizure
During the attack :	
How long did the attack last ?	-seconds: syncope (any type) -minutes : seizures
Has anyone seen the episode noticed jerking movements (tonic-clonic movements) ?	If the answer is yes it is most likely seizure
Have you bitten your tongue ?	Indication of seizure
Have you pass urine or faeces during the attack ?	Indication of seizure
Have you injured your self ?	Indication of seizure
After the attack :	
Did you wake up feeling normal or drowsy ? Or how long did it take for full recovery?	-Normal or immediate recovery: syncope -Drowsy or delayed recovery: seizures
did you have confusion , headache and loss of memory after the attack ?	Indication of seizure
Past medical history ;	
history of cardiac diseases ?	Cardiac syncope
Any chronic diseases ? -diabetes -hypertension	-Diabetes: syncope due to hypoglycemia -Hypertension : syncope due to anti-hypertensive drugs

History of epilepsy ?	
-what medication are you taking ?	-Antihypertensive -cardiac antiarrhythmic -anti-epileptic -diuretics (hypovolemia) - sedative
Social history :	
Alcohol consumption	Orthostatic syncope
Family history :	
Any family history of cardiac diseases ?	Cardiac syncope (structural or arrhythmic)
Family history of sudden cardiac death ?	Cardiac syncope (structural or arrhythmic)

Some mnemonics to help you remember the specific questions are:

5 P's – **P**recipitant / **P**rodrome / **P**osition / **P**alpitations / **P**ost-event phenomena

5 C's – **C**olour / **C**onvulsions / **C**ontinence / **C**ardiac problems / **C**ardiac death family history.

investigations:

1. **Lying and standing blood pressure**
2. **ECG**
 - Ischaemic heart disease – pathological q waves
 - Long QT interval
3. **Echocardiography**
 - Heart failure
 - Cardiomyopathies
 - Valvular disease
 - Non-cardiac disease – e.g. pulmonary hypertension
4. **Blood glucose level**
5. **EEG**
6. **MRI**

26.13 How to differentiate seizures from syncope		
	Seizure	Syncope
Aura (e.g. olfactory)	+	-
Cyanosis	+	-
Tongue-biting	+	-/+
Post-ictal confusion	+	-
Post-ictal amnesia	+	-
Post-ictal headache	+	-
Rapid recovery	-	+

26.16 Causes of coma	
Metabolic disturbance	
<ul style="list-style-type: none"> • Drug overdose • Diabetes mellitus <ul style="list-style-type: none"> ○ Hypoglycaemia ○ Ketoacidosis ○ Hyperosmolar coma • Hyponatraemia 	<ul style="list-style-type: none"> • Uraemia • Hepatic failure • Respiratory failure • Hypothermia • Hypothyroidism • Thiamin deficiency
Trauma	
<ul style="list-style-type: none"> • Cerebral contusion • Extradural haematoma • Subdural haematoma 	<ul style="list-style-type: none"> • Global axonal injury (deceleration)
Vascular disease	
<ul style="list-style-type: none"> • Subarachnoid haemorrhage • Brainstem infarction/haemorrhage 	<ul style="list-style-type: none"> • Intracerebral haemorrhage • Cerebral venous sinus thrombosis
Infections	
<ul style="list-style-type: none"> • Meningitis • Encephalitis 	<ul style="list-style-type: none"> • Cerebral abscess • Systemic sepsis
Others	
<ul style="list-style-type: none"> • Epilepsy • Brain tumour 	<ul style="list-style-type: none"> • Functional ('pseudo-coma')

➤ Glasgow Coma Score (GCS)

****This slide is important for the OSCE as well!**

Eye Opening (E)	Verbal Response (V)	Motor Response (M)
4: Spontaneous	5: Normal conversation	6: Normal
3: To voice	4: Disoriented conversation	5: Localizes to pain
2: To pain	3: Words, but not coherent	4: Withdraws to pain
1: None	2: No words, only sounds	3: Decorticate posture
	1: None	2: Decerebrate
		1: None

- ✓ It is very important for the assessment of the severity of coma. (so will be easier to estimate prognosis)
- ✓ It relies on 3 things: the ability to open the eyes, verbal responses and motor responses.
- ✓ If a patient's GCS was 3 (which is the lowest), he might die within days.
- ✓ If a patient's was GCS 14, he should be admitted to the hospital for 2 days then leave.

➤ **When it comes to head injury there is a classification of GCS:**

- ✓ Mild GCS= 13 – 14 or 15
- ✓ Moderate GCS= 9 – 12
- ✓ Severe GCS= 3 – 8

The lowest number in GCS is 3 and the highest number is 15

-Note: The best postresuscitation GCS is used to classify severity of head injury

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From surgery team