

Point-of-Care Guides

Risk Stratification of Patients Presenting with Syncope

Scores for Stratifying Risk After an Episode of Syncope

SAN FRANCISCO SYNCOPE RULE³

ROSE RISK SCORE⁵

OESIL RISK SCORE⁶

Risk factors

Systolic blood pressure
< 90 mm Hg

Shortness of breath

ECG: Nonsinus rhythm
or new changes present

History of congestive
heart failure

Hematocrit < 30 percent

Brain natriuretic peptide level \geq
300 pg per mL (300 ng per L)

Bradycardia (\leq 50 beats per
minute)

Rectal examination shows fecal
occult blood

Anemia (hemoglobin level < 9.0
g per dL [90.0 g per L])

Chest pain associated with
syncope

ECG with Q wave (not in lead III)

Oxygen saturation \leq 94 percent
on room air

Age > 65 years

History of
cardiovascular
disease

Syncope without a
prodrome

Abnormal ECG
findings

Risk groups*

No factors present: 0.3 percent

No factors present: 1.5 percent

0 to 1 factor present (low
risk): 0.6 percent

\geq 1 factors present: 15.2
percent

\geq 1 factors present: 16.5 percent

2 to 4 factors present
(high risk): 31 percent

Accuracy of score

98 percent sensitive

87 percent sensitive

97 percent sensitive

56 percent specific

66 percent specific

73 percent specific

LR+ = 2.9

LR+ = 2.5

LR+ = 3.6

LR- = 0.03

LR- = 0.2

LR- = 0.11

NOTE: *Results are shown for the study used to originally develop and validate each risk score.*

**—The San Francisco Syncope Rule and ROSE risk score measure risk of serious outcome or death at one month; the OESIL risk score measures risk of all-cause mortality at 12 months.*

ECG = electrocardiography; LR- = negative likelihood ratio; LR+ = positive likelihood ratio; OESIL = Osservatorio Epidemiologico sulla Sincope nel Lazio; ROSE = Risk Stratification of Syncope in the Emergency Department.

Information from references 3, 5, and 6.

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