Table 1. Scores for Stratifying Risk After an Episode of Syncope

San Francisco Syncope Rule[3]	*ROSE risk score*[5]	*OESIL risk score*[6]
Risk factors		
Systolic blood pressure < 90 mm Hg	Brain natriuretic peptide level ≥ 300 pg per mL (300 ng per L)	Age > 65 years
Shortness of breath	Bradycardia (≤ 50 beats per minute)	History of cardiovascular disease
ECG: Nonsinus rhythm or new changes present	Rectal examination shows fecal occult blood	Syncope without a prodrome
History of congestive heart failure	Anemia (hemoglobin level < 9.0 g per dL [90.0 g per L])	Abnormal ECG findings
Hematocrit < 30 percent	Chest pain associated with syncope	
	ECG with Q wave (not in lead III)	
	Oxygen saturation ≤ 94 percent on room air	
Risk groups*		
No factors present: 0.3 percent	No factors present: 1.5 percent	0 to 1 factor present (low risk): 0.6 percent
≥ 1 factors present: 15.2 percent	≥ 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.