

SYNCOPE DECISION TOOL FOR THE AME

(Updated 03/27/2024)

AME Instructions: Address each the following items in your in-office exam and history review:

1. Was there any question or uncertainty as to what likely caused the event?
(Common causes of syncope include viral illness, GI, prolonged standing, dehydration, or blood draw.)
2. Were the individual incapacitated after the event? If yes, how long? _____
3. Have there been any additional, **unrelated** syncopal event(s) within the **past five (5) years**?
4. Are there any elements of the history (such as nature of the triggers or resultant injury) which cause you to question whether the event is of aeromedical concern?
5. If evaluated by a medical professional: Was the diagnosis cardiac or neurogenic syncope or any evidence of cardiac pathology/cause?
6. Do you have ANY concerns regarding this individual or are unable to obtain a complete history?

NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*

*If **ALL** items fall into the clear/NO column, the AME may issue with notes in Block 60 which show you discussed the history of syncope, found no positives to the screening questions, AND had no concerns.

If ANY SINGLE ITEM falls into the SHADED/YES COLUMN, the AME MUST DEFER. The AME report should note what aspect caused the deferral and explain any YES answers from the shaded column.

NOTES: The AME should elicit what likely caused the syncopal episode(s). If the individual has recently been exposed to these event(s) (e.g., blood draw, dehydration, etc.), do they continue to react? The AME should also take into consideration the likelihood of the likely cause being encountered when flying or in everyday life. If the AME is unsure of any of the above criteria, the diagnosis, or severity - DEFER and note in Block 60

This decision tool is for AME use; it does not have to be submitted to the FAA.