



Vertigo /dysequilibrium without lateralising or cerebellar neurological deficits, in the absence of presyncope or syncope

EXCLUSION CRITERIA

ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> • Arrhythmia suspected – presyncope/syncope or abnormal ECG at any time • Altered conscious state • Neurological deficits e.g. Lateralising cerebellar signs or other posterior circulation including brainstem and visual field deficits – if persisting • Other coexisting pathology requiring admission e.g. RAF, cardiac ischaemia, infective source 	<ul style="list-style-type: none"> • Age > 60 years • Exercise caution with patients with transient neurological deficit (considering utilizing TIA pathway)

KEY CONSIDERATIONS DURING SSU ADMISSION

<ul style="list-style-type: none"> • Repeated examination to confirm the absence of neurological deficits • CT brain completed (unless identical recurrent symptoms in patient with previous normal imaging) <ul style="list-style-type: none"> ○ All patients > 60 years ○ All patients of any age with neurological deficits • Seek and treat exacerbating causes <ul style="list-style-type: none"> ○ Electrolyte imbalance – UEC/BSL • Infective source – FBE/CRP/FWT • Reestablishment of hydration – encourage oral fluids and supplement with IV N/saline as required • Symptomatic treatment <ul style="list-style-type: none"> ○ Prochlorperazine – 10 mg TDS oral prn or 12.5mg IM TDS prn (if vomiting) ○ Serc – 8-16mg TDS oral prn • Mobility assessment and Allied Health review for discharge planning – ACE referral • Assessment by Physiotherapy BPPV team

REFERRAL CRITERIA	DISCHARGE CRITERIA
<ul style="list-style-type: none"> • CT abnormalities • Ongoing or recurrent neurological deficits • Persisting symptoms for >24 hours • Identification of other pathology requiring admission e.g. Pneumonia, cardiogenic cause 	<ul style="list-style-type: none"> • Resolution or control of vertiginous symptoms • Functional safety established • Normal investigative findings • Tolerating oral diet • Social support established

DISCHARGE REQUIREMENTS

<ul style="list-style-type: none"> • Prescription for Prochlorperazine 10 mg TDS prn • Mobility aid as required • LMO follow-up – symptom review and Balance Clinic referral • (if posterior circulation TIA suspected – discharge requirements as per TIA pathway)
