

Supporting Information

The Canadian Syncope Risk Score, developed by Thiruganasambandamoorthy and colleagues (2016)

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

Appendix to: Chan J, Hunter J, Morel D, et al. Evaluating patients presenting to the emergency department after syncope: validation of the Canadian Syncope Risk Score. *Med J Aust* 2019; doi: 10.5694/mja2.50147.

Canadian Syncope Risk Score developed by Thiruganasambandamoorthy and colleagues¹

a) Clinical predictors of serious adverse events

Category	Points
Clinical evaluation	
Predisposition to vasovagal symptoms*	-1
History of heart disease [†]	1
Any systolic pressure reading < 90 or > 180 mmHg [‡]	2
Investigations	
Elevated troponin level (> 99th percentile of normal population)	2
Abnormal QRS axis (< -30° or > 100°)	1
QRS duration > 130 ms	1
Corrected QT interval > 480 ms	2
Diagnosis in emergency department	
Vasovagal syncope	-2
Cardiac syncope	2
Total score	-3 to 11

b) Scoring system for risk of serious adverse events

Esti	mated	risk	ot	serious

Total score	adverse event§	Risk category
-3	0.4%	Very low
-2	0.7%	Very low
–1	1.2%	Low
0	1.9%	Low
1	3.1%	Medium
2	5.1%	Medium
3	8.1%	Medium
4	12.9%	High
5	19.7%	High
6	28.9%	Very high
7	40.3%	Very high
8	52.8%	Very high
9	65.0%	Very high
10	75.5%	Very high
11	83.6%	Very high

^{*} Triggered by being in a warm crowded place, prolonged standing, fear, emotion or pain.

Reference

1 Thiruganasambandamoorthy V, Kwong K, Wells GA, et al. Development of the Canadian Syncope Risk Score to predict serious adverse events after emergency department assessment of syncope. CMAJ 2016; 188: E289-E298.

[†] Includes coronary or valvular heart disease, cardiomyopathy, congestive heart failure and non-sinus rhythm (electrocardiogram evidence during index visit or documented history of ventricular or atrial arrhythmias, or device implantation).

[‡] Includes blood pressure values from triage until disposition from the emergency department.

[§] Shrinkage-adjusted expected risk.