

# DIZZINESS

Date:     /     / 20     Time:     Clinician:

## PRESENTING COMPLAINT

Continuously dizzy  No  Yes:

Yes to both → AVS

Currently dizzy  No  Yes:

nausea  vomiting  head-motion intolerance  gait unsteadiness

Triggerable  No  Yes:

Yes → t-EVS No → s-EVS

Duration of symptoms  <1 min.  minutes to hours  days

Hearing loss  No  Yes:

s-EVS, progressive hearing loss, ringing/buzzing → ?Meniere's

Pain  Headache

Neck pain

s-EVS, young F, migrainous, øvasculopath → ?VM (see below)

Diplopia  No  Yes:

History of trauma  No  Yes:

### Differential diagnoses

- cervical artery dissection → recent trauma, moderate mechanism MVC
- infection → fever, back pain, dysuria
- GI bleed → heavy NSAID use, black stools
- medication side effect → new antihypertensive or anticonvulsant
- aortic vascular complications → flank and back pain
- ectopic pregnancy → abdominal pain, vaginal bleeding, positive pregnancy test

### Dx criteria for vestibular migraine (VM)

- at least 5 episodes of mod to severe vestibular sx, 5min to 72hrs
- present/prev hx of migraine +/- aura
- >50% of headaches of 2 of: unilat location, pulsatile quality, mod to severe pain, aggravation by routine physical activity, photophobia, phonophobia, visual aura
- no other vestibular explanation

## RELEVANT PAST MEDICAL HISTORY AND SURGICAL HISTORY

Nil relevant

ED visits:

Hospital admits:

## MEDICATIONS /ALLERGIES

Nil regular meds

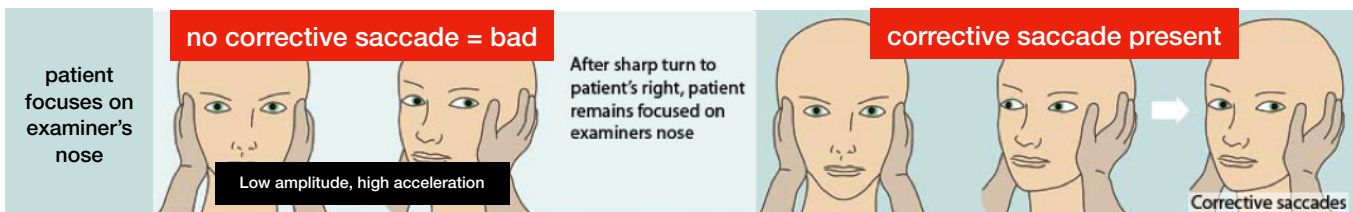
Nil known allergies  ALLERGIES:

SOCIAL HISTORY	
Smoking history:	<input type="checkbox"/> Non-Smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Current smoker   Pack years: _____
Living situation:	<input type="checkbox"/> Alone <input type="checkbox"/> With: _____
Transport:	Access to car: <input type="checkbox"/> Yes <input type="checkbox"/> No

VITAL SIGNS	BP _____ mmHg   Pulse _____ bpm	Resp Rate _____ / min	Pain score _____ /10
	Ortho BP _____ mmHg   Pulse _____ bpm	SPO2 _____ %	
	Temp _____ °C	<input type="checkbox"/> Air <input type="checkbox"/> NP : _____ l/min	
General	<input type="checkbox"/> NAD		

NEUROLOGICAL EXAMINATION	
CVS <input type="checkbox"/> Normal S1 S2 <input type="checkbox"/> No S3 S4 murmurs	Resp <input type="checkbox"/> Normal breath sounds equal bilaterally
GCS   /15   E: ____ V: ____ M: ____	<input type="checkbox"/> Alert   Oriented to: <input type="checkbox"/> person <input type="checkbox"/> place <input type="checkbox"/> time
Cranial nerve II <input type="checkbox"/> Normal vision	
<input type="checkbox"/> PEARL	
III, IV, VI <input type="checkbox"/> FROEM LR6, SO4	
V <input type="checkbox"/> Normal <i>Facial sensation, motor masseter, temporalis</i>	
VII <input type="checkbox"/> Normal <i>Facial movements</i>	
VIII <input type="checkbox"/> Normal <i>Hearing, Rinne, Weber, hum test</i>	
IX, X <input type="checkbox"/> Normal <i>Gag, swallow</i>	
XI <input type="checkbox"/> Normal <i>Shoulder protrusion</i>	
XII <input type="checkbox"/> Normal <i>Tongue protrusion</i>	
Power <input type="checkbox"/> Normal in all myotomes	Plantar reflex:   ↓ ↑   ↓ ↑
Sensation <input type="checkbox"/> Normal in all dermatomes	Clonus:   - +   - +
Coordination <input type="checkbox"/> Normal	Cerebellar <input type="checkbox"/> H2T <input type="checkbox"/> F2N <input type="checkbox"/> H2S. <input type="checkbox"/> RAHM
Reflexes <input type="checkbox"/> Normal	
Gait <input type="checkbox"/> Normal	

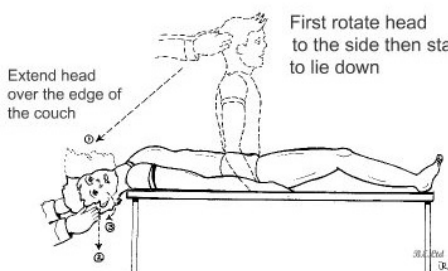
AVS	
<b>HINTS</b>	If any red/italics are positive treat as ?posterior fossa stroke
Nystagmus	<input type="checkbox"/> dominantly horizontal <input type="checkbox"/> direction-fixed <input type="checkbox"/> beat away from affected side   "Stare at wall past paper"
	<input type="checkbox"/> <i>dominantly vertical/torsional</i> <input type="checkbox"/> <i>direction-changing on L/R gaze</i>
Test of skew	<input type="checkbox"/> Normal vertical eye alignment <input type="checkbox"/> No skew deviation
Head impulse	<input type="checkbox"/> corrective saccade (toward normal side) <input type="checkbox"/> <i>no corrective saccade</i> See below
CN/cerebellar signs	<input type="checkbox"/> <i>facial sensory loss</i> <input type="checkbox"/> <i>unilat hearing loss</i> <input type="checkbox"/> <i>diplopia</i> <input type="checkbox"/> <i>ptosis</i> <input type="checkbox"/> <i>anisocoria</i> <input type="checkbox"/> <i>limb ataxia</i> <input type="checkbox"/> <i>dysarthria</i>
Ataxia	<input type="checkbox"/> Patient able to sit or walk unassisted without holding on or leaning against bed rails



T-EVS		
Dix-Hallpike	<input type="checkbox"/> Up-beating and torsional nystagmus	→ pc-BPPV (80-85%)
	<input type="checkbox"/> Down-beating vertical nystagmus	→ ac-BPPV (1-2%)
Supine head roll (for hc-BPPV) (15-20%)	<input type="checkbox"/> transient, beat toward floor <input type="checkbox"/> bilateral, ++intense on affected side	→ canalolithiasis (most)
	<input type="checkbox"/> persistent, beat toward ceiling <input type="checkbox"/> bilateral, ++intense on healthy side	→ cupulolithiasis (fewer)

CPPV VS BPPV	
Symptoms	<input type="checkbox"/> headache <input type="checkbox"/> diplopia <input type="checkbox"/> abnormal CN/cerebellar function
Atypical nystagmus	<input type="checkbox"/> down-beating <input type="checkbox"/> start instantly <input type="checkbox"/> >90s <input type="checkbox"/> no crescendo-decrescendo
Poor response to tx	<input type="checkbox"/> repetitive emesis during maneuvers <input type="checkbox"/> unable to cure w/ canal maneuver <input type="checkbox"/> freq recurrent sx

**Dix Halpike test**



The "down" ear is the one being tested.

Observe the patients eyes for at least 15 seconds to see whether nystagmus is induced.

Slowly bring the patient back to a sitting position, with the head still rotated.

Check for nystagmus again. Note: The nystagmus should reverse rotation.

S-EVS
ddx based on history; if presently symptomatic, treat as AVS

BLOOD RESULTS					
HAEMATOLOGY			BIOCHEMISTRY		
Hb			Na <sup>+</sup>		β-HCG
WBC			K <sup>+</sup>		
Plt			Glu		
			Cr		

RADIOLOGY <i>see indications above</i>	<input type="checkbox"/> Not indicated
<input type="checkbox"/> CT <input type="checkbox"/> CTA <input type="checkbox"/> Requested at _____ <input type="checkbox"/> Normal	
<i>MRI (DW-MR)</i> <input type="checkbox"/> Normal → for stroke/TIA only if >72hrs since symptom onset	

CLINICAL IMPRESSION / DIAGNOSIS / PLAN	
<i>Diagnosis:</i>	<input type="checkbox"/> posterior circulation (pc) ischaemic stroke
AVS	<input type="checkbox"/> vestibular neuritis <input type="checkbox"/> labyrinthitis
	<input type="checkbox"/> MS <input type="checkbox"/> Wernicke <input type="checkbox"/> drug toxicity
s-EVS	<input type="checkbox"/> pc-TIA <input type="checkbox"/> vestibular migraine <input type="checkbox"/> Meniere
	<input type="checkbox"/> cardiac dysrhythmia <input type="checkbox"/> PE <input type="checkbox"/> panic attack
	<input type="checkbox"/> CPPV <input type="checkbox"/> BPPV <input type="checkbox"/> orthostatic hypotension
t-EVS	<input type="checkbox"/> superior canal dehiscence <input type="checkbox"/> POTS <input type="checkbox"/> panic attack
	<input type="checkbox"/> vertebral artery rotation (Bow Hunters syndrome)
	<input type="checkbox"/> Other:

**CLINICAL IMPRESSION / DIAGNOSIS / PLAN (CONTINUED)**

*DDx includes:*

**FURTHER MANAGEMENT / NURSING INSTRUCTION** *document individualised instructions here*

*Fluids*  RL  NS \_\_\_\_\_  bolus  /hr If patient has had severe emesis

*Emesis*  ethanol swabs  
 ondansetron 4mg IV q6h PRN

*Stroke*  code stroke activated at \_\_\_\_\_  neuro paged at \_\_\_\_\_

ASA 160-325mg chew, then ASA 81mg PO daily **ABCD2**

clopidogrel 300mg PO, then 75mg po daily x3wks

*TIA*  pantoprazole 40mg PO daily

CT  CTA  MRA  echo  holter if high risk, CT, then CTA; mod risk, CTA w/in 24h

neurology follow-up arranged for:

*Vestibular neuritis* prednisone 60mg PO → 10 day taper

*Vestibular migraine*  neurology follow-up arranged for:

*pc-BPPV or ac-BPPV* Epley maneuver  response:

*canalolithiasis* Lempert log roll maneuver  response:

*cupulolithiasis* Gufoni maneuver  response:

**TRANSFER OF CARE**

**Discharge to GP:**

*Rx:*

*Follow up:*  GP follow up for all

Neurology

Stroke Prevention Clinic

*Check:*  Reviewed reasons to RTED/RTC:

**Admission:**

**Clinician Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Sign:** \_\_\_\_\_ **Contact details:** \_\_\_\_\_

*For junior staff:*  Discussed with  Reviewed by SMO Dr : \_\_\_\_\_ **Sign:** \_\_\_\_\_