



Objectives: Dizziness

1. In patients complaining of dizziness, rule out severe cardiovascular, cerebrovascular and other disease (e.g. dysrhythmia, myocardial infarction, stroke, multiple sclerosis).
2. In patients complaining of dizziness, take a careful history to distinguish vertigo, presyncope and syncope.
3. In patients complaining of dizziness, measure postural vital signs.
4. Examine patients with dizziness closely for central signs (e.g. HINTS examination).
5. In hypotensive dizzy patients, exclude serious conditions (e.g., MI, AAA, sepsis, gastrointestinal bleeding) as the cause.
6. In patients with chronic dizziness, who present with a change in baseline symptoms, reassess to rule out serious causes.
7. In a dizzy patient, review medications (including prescription and over-the-counter medications) for possible reversible causes of the dizziness.
8. Investigate further those patients complaining of dizziness who have:
 - a. Signs and symptoms of central vertigo
 - b. A history of trauma
 - c. Signs, symptoms or other reasons (e.g. anticoagulation) to suspect a possible serious underlying cause.

** Mapped to the CFPC's 105 priority topics: #30-Dizziness