

Initial Assessment

History: Vertigo: room or head spinning/ unsteadiness/ lightheadedness/ non-specific, single or recurrent episodes, Positional triggers, Duration, relevant past-history (previous vertigo/ migraine/ vascular risk factors etc), review current medications

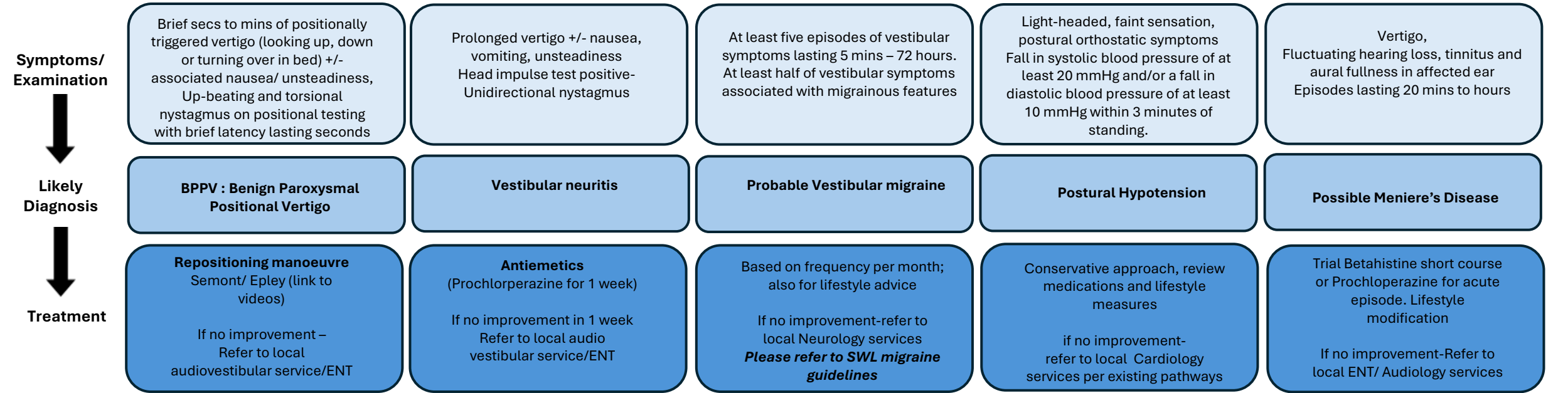
General examination: To include as appropriate CVS (pulse, BP, heart sounds) and neurological examination

Focused exam: HINTS plus (Head impulse test, nystagmus type, test of skew, plus hearing) Cranial nerves/ weakness/ sensory deficit / cerebellar signs, Otoscopy, Gait assessment, Positional maneuver (Diagnostic - Modified Hallpike*)

Investigations to consider: Check blood glucose, postural BP, Bloods (anemia), ECG

Link to Dizziness management training: <https://youtu.be/RXtqkltQvKo>

*NICE guidance supports referral if the GP do not have the necessary skills to perform these manoeuvres



Red Flags

- Cardiac: Refer to cardiology per existing pathways**

Any associated cardiorespiratory symptoms (eg chest pain or difficulty breathing)

Cardiac Arrhythmias

Structural Heart Disease

 - Abnormal ECG
 - Family history of sudden death
 - Known structural heart disease
 - Known coronary vascular disease
 - Blackouts
 - Dizziness/syncope whilst seated or during exercise
- Neurology: One or more of the below refer urgently to the stroke team**

Acute continuous vertigo plus

 - New headache
 - Raised intracranial pressure symptoms
 - Severe headache or neck pain
 - Unable to stand or sit-up unaided
 - Focal weakness or paresthesia of face or limbs
 - 5 D’s : dysarthria, dysphonia, diplopia, dysphagia, dysmetria
 - Central type nystagmus ie vertical /multidirectional type
 - Atypical response to positional manoeuvre (Hallpike)
 - Deafness + cerebellar signs
 - Recent trauma
- ENT: Refer urgently to ENT**

 - Sudden onset deafness