



Exclusion criteria:

- Acute illness with associated dizziness or vertigo (e.g., fever, dehydration)
- Syncope ([link to patient/family education](#))
- Known concussion or recent head injury ([CMKC Concussion Clinical Pathway](#))
- Known Positional Orthostatic Tachycardia Syndrome (POTS)

Dizziness: General feeling of light-headedness, unsteadiness, or wooziness (not spinning)

Vertigo: Any sensation of motion and/or spinning. May see objects move around them.

Red Flags Necessitating Subspecialty Referral:

Cardiac:

- Cardiac symptoms occur with exertion
- Chest pain
- Shortness of breath
- Syncope or pre-syncope

ENT:

Call ENT **ASAP** for immediate referral for:

- Vertigo with facial weakness
- Vertigo with sudden/acute hearing loss

Routine referral for:

- Vertigo with chronic/stable hearing loss
- Vertigo with [Acute Otitis Media](#) (without facial weakness or sudden hearing loss)
- Vertigo with vesicular ear lesions (without facial weakness or sudden hearing loss)

Neurologic:

- Abnormal neurological exam
- New onset ataxia or weakness
- Falling down

Vertigo management:

- Provide medications for motion sickness, nausea, and/or anxiety if needed
 - **Note - only for short term use.** Medication to suppress vertigo may prolong compensation, use with caution
- Non-medication options to help minimize symptoms include:
 - Peppermint (candy, gum, essential oils)
 - Ginger (ginger ale, ginger chew, ginger snap)
 - Weighted blanket

Patient presents with complaint of symptoms consistent with dizziness or vertigo

Obtain history and physical including:

- Patient's description of symptoms
- Timing of episodes
- Triggers (e.g., positional changes)
- **Dietary history**
- Menstrual history if applicable
- Neurologic changes
- Hearing concerns
- Medications
- Substance use
- Developmental history
- Mental health history
- Family history (migraines, hearing loss)
- Neurologic exam

Dietary History:

- Sodium
- Water
- Caffeine
- Dairy
- Supplements
- Energy drinks
- Protein
- Skipping meals

Consider 24 hr dietary recall or food diary

Are there any cardiac, neurologic, or ENT red flags?

Yes → Refer to appropriate subspecialty

No

Are the Orthostatic Vital Signs abnormal?

Abnormal orthostatic VS

Normal orthostatic VS

Abnormal orthostatic vitals

Patients BP or HR changes significantly upon standing

- Decrease of systolic BP ≥ 20 mmHg
- Decrease of diastolic BP ≥ 10 mmHg
- Increase in HR ≥ 30 bpm

*Increase in HR alone may be consistent with POTS, which is outside the scope of this pathway

Treatment is multi-factorial - provide specific goals for adequate:

- Hydration
- Sleep
- Nutrition
- Headache management
- Stress management
- Anxiety/depression management

Consider the following labs:

- POC glucose
- CBC
- Ferritin (optimize towards 50 ng/mL)
- Urine hCG, if applicable

Follow up with PCP as needed

- If symptoms persist, consider referral to Neurology Clinic

Are symptoms consistent with vertigo or dizziness?

Dizziness

Vertigo

Is vertigo intractable?

No

- Initiate [vertigo management](#)
- Refer for vestibular therapy (PT at CMKC)

If symptoms persist, vestibular therapist will refer to:

- ENT (if associated hearing loss)
- Neurology/neurosurgery

Off Pathway

- Refer to ED
- Urgent imaging and/or subspecialty consultation may be needed to rule out brainstem stroke, tumor, or other etiology



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