

## Dizziness

The resident will be able to:

1. In patients complaining of dizziness, rule out serious cardiovascular, cerebrovascular, and other neurologic disease (e.g., arrhythmia, myocardial infarction [MI], 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 neurologic signs.
5. In hypotensive dizzy patients, exclude serious conditions (e.g., MI, abdominal aortic aneurysm, 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: - signs or symptoms of central vertigo. - a history of trauma. - signs, symptoms, or other reasons (e.g., anticoagulation) to suspect a possible serious underlying cause.

*Feedback and suggested modifications for these objectives are encouraged after each session. Please direct your comments to your site Curriculum Coordinator.*