# Symptoms and Labs

**High Risk**

- Acute spontaneous, non-positional vertigo with inability to walk and brainstem deficits (e.g. dysphagia, dysarthria, diplopia, unilateral incoordination, unilateral weakness or numbness),
- Mechanism or symptoms to suggest vertebral dissection (e.g. neck/eye pain; rapid, repeated or prolonged hyperextension of neck)

**Exam:**

- Non-fatigable nystagmus, ataxia, CN palsies

**Suggested Previsit Workup**

- Urgent ED evaluation for possible cerebellar or brainstem stroke

**Suggested Consultation or Co-management**

- Urgent ED evaluation for possible cerebellar or brainstem stroke

**Suggested Emergent Consultation**

- Suggested Consultation or Co-management

**Moderate Risk**

- Dizziness with headache/migraine

**Exam:**

- Generally normal exam

**Suggested Workup**

- Non-urgent neurology consultation

**Suggested Management**

- If pre-syncope, consider cardiology evaluation and discontinue any causative medications.
- If suspect BPPV or Meniere’s, consider ENT evaluation.
- If chronic dizziness not responsive to therapies, consider neuro-otology referral to Mass Eye and Ear
- If acoustic neuroma, MRI w/ and w/o gad and neurosurgery consultation

**Low Risk**

- Pre-syncope without peripheral neuropathy; benign positional vertigo, medication side effects, hyperventilation syndrome, Meniere’s disease, acoustic neuroma (hearing loss, tinnitus)

**Exam:**

- Orthostasis, Fatigable and provoked nystagmus (if BPPV)

**Suggested Consultation or Co-management**

- Non-urgent neurology consultation

**Suggested Management**

- If pre-syncope, consider cardiology evaluation and discontinue any causative medications.
- If suspect BPPV or Meniere’s, consider ENT evaluation.
- If chronic dizziness not responsive to therapies, consider neuro-otology referral to Mass Eye and Ear
- If acoustic neuroma, MRI w/ and w/o gad and neurosurgery consultation

**Clinical Pearls**

- Etiology of Dizziness in population based studies include: 40% peripheral vestibulopathy, 25% other (e.g. syncope, disequilibrium, medication side effects, TBI, hypoglycemia, vision/hearing/sensory loss), 15% psychiatric and 10% central brainstem/vestibular lesion, 10% undetermined
- If suspect benign paroxysmal positional vertigo (BPPV) due to provoked, brief vertigo and nystagmus, consider ENT evaluation