

Dizziness: Rule Out Problematic Scenarios (DROPS) tool

Note: This tool has not been prospectively validated. Please make decisions regarding diagnostic testing, treatment, and disposition based on your own clinical judgment.

Indicate whether the following are present by circling Yes or No:

1. New focal neurologic deficits on exam or by report, such as: Dysarthria, Visual field defect, Ptosis, Limb ataxia, Sensory loss, or Weakness	No	Yes
2. Vertical nystagmus when sitting still and looking straight ahead or to the side	No	Yes
3. Direction-changing nystagmus (left-beat looking to left, and right-beat looking to right)	No	Yes
4. Newly required assistance from another person or device to safely walk 10 feet (3 meters)	No	Yes

If any of above four items are “Yes” STOP – patient may have serious cause of dizziness. Consider neuroimaging or neurology consultation. Otherwise go on.

5. Does patient have horizontal nystagmus (predominantly beating in one direction) when sitting still and either looking straight ahead or to side?	No (go to next)	Yes (STOP, differential diagnosis includes vestibular neuritis, stroke, intoxication*)
6. Does patient have triggered, transient nystagmus on Dix-Hallpike testing?	No (finish)	Yes (Consider canalith repositioning maneuver such as modified Epley)**

Note: If all answers are no, Patient is unlikely to have dangerous cause (ie, stroke) or peripheral vestibular disorder. Potential explanations include resolved BPPV, vestibular migraine, TIA, general medical causes and non-specific vertigo.

*In a prospective study of 272 individuals with acute dizziness, patients with unidirectional horizontal nystagmus had a stroke on MRI less than 1% of the time when the ABCD2 was <4 and no other central signs were present. No patient with Unidirectional nystagmus and abnormal head impulse test had a stroke when there were also no other central signs (sensory, ptosis)

**In a population based study of over 7000 ED dizziness presentations, 1 patient with a documented positive Dix-Hallpike test had a stroke (MRI negative and nondisabling) within 3 months of index dizziness presentation. (Manuscript in preparation / NCT NCT02809599)