‘Palpitations’ (the abnormal awareness of heart beat) is a common symptom. It is most often benign but can be life threatening. Previous studies have indicated that probably only 1/3 of patients referred to secondary care have a pathological arrhythmia.

**Initial assessment**

From the history it is often possible to diagnose the underlying arrhythmia e.g. AF or ventricular ectopics. The initial assessment should determine the presence of any feature that may indicate haemodynamic instability caused by arrhythmia e.g. faintness. The presence of underlying heart disease (e.g. valvular or ischaemic heart disease) or non-cardiac disease such as thyroid dysfunction should be considered. Attention should be paid to any triggering features e.g. stress, caffeine and alcohol.

**Investigation**

Initial investigation should include a 12 lead ECG and routine bloods including TFT. If a rhythm diagnosis can not be made clinically or on the 12 lead ECG, a symptom rhythm correlation is required. The choice of recorder lays between 24 hour ECG and 5 – 7 day ECG event recorder.

**Community based heart rhythm monitoring**

A number of practices in our PCT have already purchased their own heart rhythm monitors. This allows more convenient access to investigation for patients and allows better selection of patients for referral to secondary care. Attention to good skin preparation is required to minimise artefact. Practitioners should decide whether to use devices in just patient activated mode (the device will only record when patient has symptoms) or in automatic mode (the device will record any abnormality of rhythm). It is suggested that in the interests of simplicity the device is used to record only in the patient-activated mode.

**Patient with palpitation**

Try to make rhythm diagnosis. Assess for underlying cardiac or non cardiac disease.

12 lead ECG. Bloods inc. TFT

- **Yes**
  - Diagnosis made
    - Sinus Tachycardia
    - Atrial or Ventricular Ectopics
    - Atrial Arrhythmia, SVT, VT
  - Community based Rhythm monitoring

- **No**
  - SRH Ambulatory ECG Monitoring Via Proforma
Symptomatic sinus tachycardia or Symptomatic Atrial/Ventricular Ectopic beats.

If underlying disease excluded, reassure (frequent anxiety component), lifestyle measures, consider beta blocker. If previously undiagnosed cardiac disease suspected, refer to cardiology.

Supraventricular Tachycardia (narrow complex, rapid and regular)
Lifestyle measures, consider beta blocker, cardiology opinion

Atrial Fibrillation/Flutter/Tachycardia
Lifestyle measures, consider beta blocker, cardiology opinion. See AF guideline

Broad complex tachycardia (ventricular tachycardia or SVT with bundle branch block). Cardiology opinion.


Author: Dr Conrad Murphy, Consultant Cardiologist, St Richard’s Hospital, Western Sussex Hospitals NHS Trust

Others Involved: Dr Colin Reid, Dr Yuk-ki Wong, Consultant Cardiologists, Western Sussex Hospitals NHS Trust. Local Referral and Management Guidelines Committee.
# Patient Details

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
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<tr>
<td></td>
<td>Sex: M/F</td>
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<tr>
<td>Address:</td>
<td>NHS Number:</td>
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<td>Hospital Number:</td>
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<tr>
<td>Daytime Telephone:</td>
<td>Please indicate by ticking the appropriate box(es) which number(s) the patient can be contacted on during normal office hours.</td>
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<tr>
<td>Work Telephone:</td>
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<td>Mobile Telephone:</td>
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# GP Details

<table>
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<tr>
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<th>Telephone Number:</th>
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<tr>
<td>Practice:</td>
<td>Fax Number:</td>
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<tr>
<td>Date of Referral:</td>
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## Social circumstances

- Lives alone
- Is a carer for someone
- Has a care package

## Symptom = Palpitations

- [ ]

## History

(inc. associated features)

## Previous History

- Enclosed ECG
- FBC
- U&E
- Thyroid

## Drug Therapy

## Allergies

## How often do palpitations occur?

- Daily
- Less than daily

Patients with palpitations occurring less than daily will receive a 7 day event recorder.

Please fax this form to: The Cardiac Department 01243 831612