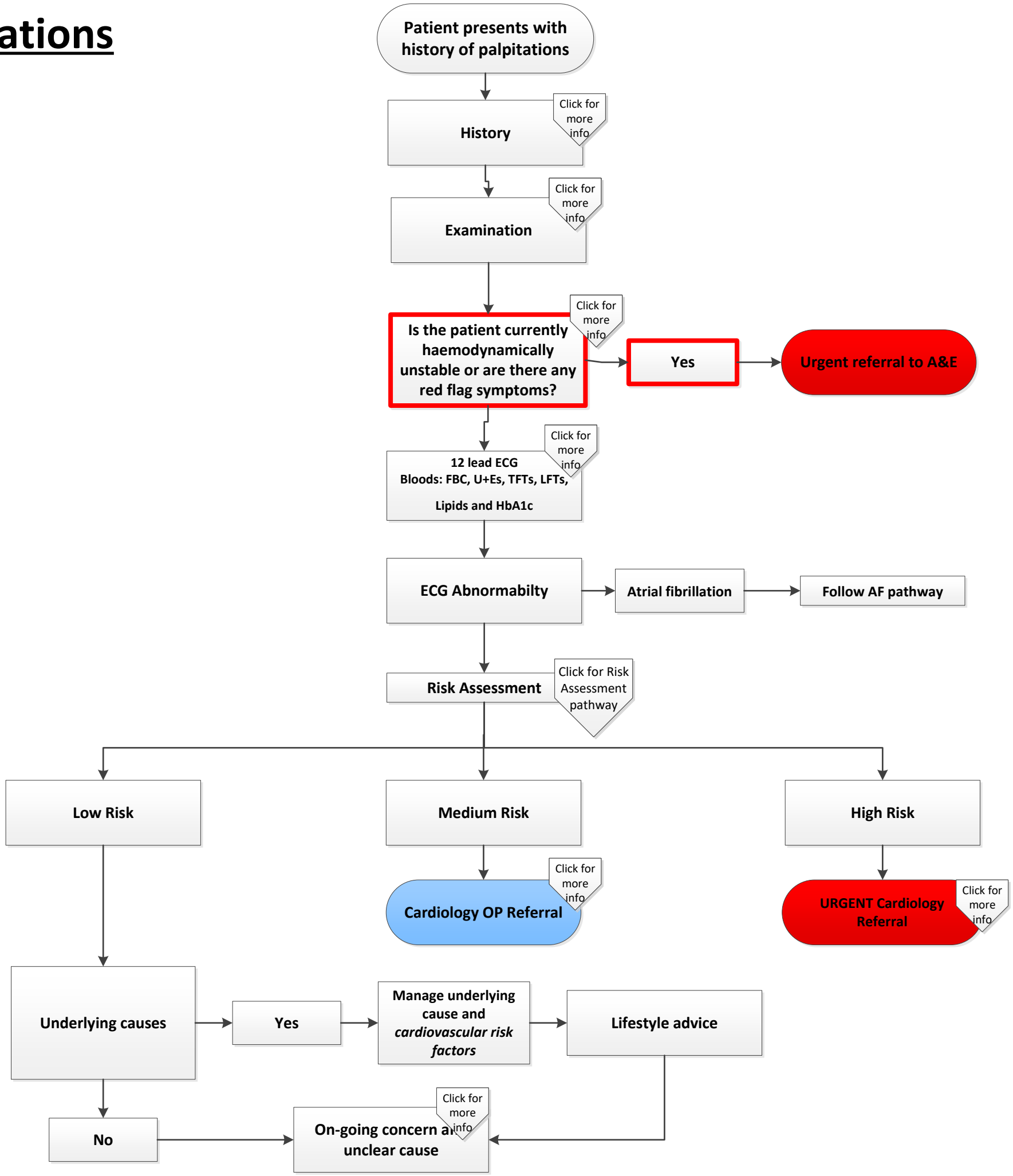
Palpitations



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History

When assessing for palpitations ask about:

- Onset
- Time of day
- Nature of palpitations
- Frequency
- Duration
- Severity
- Associated symptoms
- Triggers
- Family history of sudden cardiac death < 40 years
- Pre-existing cardiac condition and/or history of heart disease
- Lifestyle factors – ETOH, nicotine, caffeine, illicit drug use
- Anxiety
- Past medical history
- Medication history
- *Presence of any other systemic causes*

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Examination

Carry out an examination of the patient, to include:

Cardiovascular system:

- Heart rate and rhythm
- Blood pressure
- Heart sounds and murmurs suggestive of valvular disease
- Signs of anaClinical features of heart failure: raised JVP, lung sounds, peripheral oedema, gallop rhythmemia

Thyroid status examination:

- Assessing for signs of thyrotoxicosis

Consider other systems depending on symptoms or other co-morbidity, such as sepsis.

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RED FLAGS

Arrange emergency admission for a person with current palpitations and

- Ventricular tachycardia
- Persistent supraventricular tachycardia
- Haemodynamically unstable
- High risk structural heart disease including ischemic heart disease
- Features suggestive of a serious underlying cardiac cause or complication:
    - Second or third degree atrioventricular block on ECG
    - Significant breathlessness or any signs of respiratory distress
    - Chest pain
    - Syncope or near syncope
    - Family history of sudden cardiac death or dangerous arrythmia under the age of 40 years
    - Onset of palpitations precipitated by exercise

Consider admission for a person with current palpitations and evidence of a serious or life threatening systemic cause, such as thyrotoxicosis, severe anaemia, or sepsis.

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Risk Assessment

High risk	Moderate risk	Low risk

• High risk structural heart disease
• Family history of sudden cardiac death under 40 years old
• Family history of inherited heart disease
• 2nd or 3rd degree atrioventricular block
• A history of palpitations with syncope or near syncope
• Palpitations precipitated by exercise
	• History suggests recurrent tachyarrhythmia, AF or flutter
	• Palpitations with associated symptoms including chest pain and light-headedness
	• Abnormal ECG other than 2nd or 3rd AV block
	• History or physical symptoms of structural heart disease, heart failure or hypertension
	• History of symptoms clearly consistent with paroxysmal supraventricular tachycardia (sudden onset and offset of a fast regular heartbeat, with multiple uneventful ambulatory rhythm monitor recordings)
	• Ventricular ectopic:
	  • If underlying heart disease is suspected from clinical assessment and/or ECG, or
	  • If ectopic are frequent or if ventricular tachycardia is suspected
		• Skipped beats OR
		• Thumping beats OR
		• Short fluttering OR
		• Slow pounding AND
		• Normal ECG AND
		• No family history AND
		• No associated symptoms AND
		• Not provoked by exercise AND
		• No structural heart disease/HTN/Heart failure

DVLA regulations state that:

-For Group 1 entitlement, driving must cease if an arrhythmia has caused or is likely to cause incapacity. Driving may be permitted when the underlying cause has been identified and controlled for at least 4 weeks.

-For Group 2 entitlement, the driver is disqualified from driving if an arrhythmia has caused or is likely to cause incapacity. Driving may be permitted when the underlying cause has been identified and the arrhythmia is controlled for at least 3 months.

-People with certain occupations, for example those working at height or with potentially dangerous machinery, will need to stop work until a diagnosis is confirmed or the underlying condition is treated.

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ECG

For people with current palpitations take an ECG immediately, including a long rhythm strip, to identify:

- Ventricular tachycardia or supraventricular tachycardia
    - Assume any broad complex tachycardia is VT unless proven otherwise
    - If there is uncertainty about excluding VT or SVT, seek urgent specialist advice or arrange emergency admission with a copy of the ECG
- Long or short QT interval
- Short PR interval (pre excitation/Wolff Parkinson White syndrome)
- Atrial fibrillation or flutter
- Extrasystoles (atrial and ventricular)
- Sinus tachycardia

For people with a history of palpitations, arrange an ECG (the urgency depending on clinical judgement) to identify:

- Evidence of ischaemic heart disease or previous myocardial infarction
- Left or right ventricular hypertrophy
- P wave abnormalities
- Evidence of pre excitation/Wolff Parkinson White syndrome
- Long QT syndrome
- Link to NICE with examples of common abnormalities: ECG features of common arrhythmias

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Add tab for how to request + form when available.

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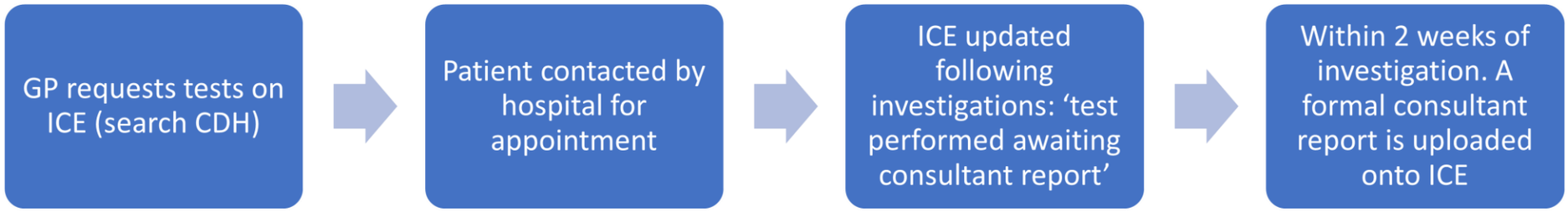
Referrals

East and North Herfordshire

-Direct access ECHO
- -Suspected heart failure with BNP >400
- -New Murmur, HTN (LVH screening), Palpitations (suspected structural cause), Family history of cardiomyopathy or sudden cardiac death
- -Case has previously been discussed

-Advice and Guidance (A&G) service available on e-RS
-Urgent cases will need to be seen via A+E



Princess Alexander Hospital

- OP Cardiology clinic
- 24 hour tapes and event recorders
- Echocardiograms

South and West Hertfordshire

- Online advice and guidance for queries through e-RS
- Refer for tests (Holter, ECHO etc.) through e-RS:
- These will be vetted by a cardiology consultant.

If approved, they will be reported by a consultant via virtual clinic/online.

- Urgent referrals will need to be seen via A+E

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Cause remains unclear

1. Symptoms are infrequent: Less than once a week and lasts an hour or more

For all localities:

Patient advised to attend GP surgery for an ECG during next episode and provided with a letter requesting an ECG immediately on presentation with symptoms

2. Symptoms are short lived and frequent:

Refer for Holter monitoring

3. Symptoms are short lived and infrequent (less than once a week):

Refer for self-activated recorder or an event monitor

Cardiology advice

ENH	SWH	PAH
Direct access Holter: Symptomatic palpitations Advice and Guidance (A&G) service available on e-RS	Online advice and guidance for queries through e-RS Refer for tests through e-RS: These will be vetted by a cardiology consultant. If approved, they will be reported by a consultant via virtual clinic/online.	Referral to outpatients cardiology service

4. New murmur on examination, signs of heart failure or suspected heart failure or suspicion of structural heart disease:

-Refer for ECHO

-Cardiology advice

ENH	SWH	PAH
Direct access ECHO: Suspected heart failure with BNP >400 New Murmur, HTN (LVH screening), Palpitations (suspected structural cause), Family history of cardiomyopathy or sudden cardiac death Case has previously been discussed Advice and Guidance (A&G) service available on e-RS	Refer for tests through e-RS: These will be vetted by a cardiology consultant. If approved, they will be reported by a consultant via virtual clinic/online. Online advice and guidance for queries through e-RS.	Open access echocardiogram: Initial investigations to be done at the GP including BNP, which **must** BNP > 150.