

**Clinical Guideline:** Palpitations Site: FPH

History (for all palpitations)
Are there any precipitating or relieving factors?
Do they occur at rest? Activity?
Can they be brought on by eating/drinking-often in AF
Are they terminated by cold drinks/coughing  (Atrial Flutter)
Pro-arrhythmic drugs: Thyroxine, inhalers, beta blockers, calcium channel blockers

History

Lifestyle advice :
Reduce alcohol and caffeine intake, illicit drugs.

Advice and Treatment

Referral if :
Pre existing heart disease
History of heart failure, syncope or pre â€“syncope
FH of sudden cardiac death
Exertional symptoms

Referral Guidelines – red flag signs

Investigation  for all palpitations:    FBC & TSH
Investigation with event recording:
Skipped/thumping beats, Short fluttering ,Slow pounding :
Daily symptoms:    24 hour tape        (Holter monitor)
Weekly symptoms:    7 day tape         (R tape)
Infrequent symptoms:    Event recorder        (Omron)

[Request using this form](http://www.clinicalguidelines.frimleypark.nhs.uk/images/stories/palpitations/FPH_Palpitations_Referral_Form_Feb12.docx)
Fax referral to FPH clinical investigations department for ambulatory cardiac monitoring.
Results to GP in 4 weeks with advice on interpretation.
If needs to be seen then refer as urgent. Patient will be seen in 2 weeks
Can email for advice, reply in 5 days, use this email address:
fph-tr.cardiologyadvice@nhs.net This email address is being protected from spambots. You need JavaScript enabled to view it.

and [this form](http://www.clinicalguidelines.frimleypark.nhs.uk/images/stories/palpitations/FPH_Palpitations_Management_Plan_Advice_Request_Form_Jan12.docx)

Investigation

Examination

The majority of palpitations are not associated with cardiac dysrhythmia, and of the arrhythmias detected the majority are benign.

Normal palpitations are frequent and occur with exercise, emotion, or stress.

General Information