### General Commissioning Statement

**Condition or Treatment** | **Management of Palpitations in Primary Care**
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**Background** | The majority of people will experience palpitations at some time. A palpitation is a subjective awareness of the heartbeat. It can occur with awareness of sinus rhythm, extra systoles (ectopic beats), with abnormal bursts of rapid heart rhythms (tachycardia) or with an irregularity of the heart rhythm such as in AF. Phase I of the CCG’s RSS project suggested significant numbers of patients referred to cardiology could probably be investigated and managed in primary care.

**Commissioning statement** | This pathway (Appendix 1) is designed to aid a generic workup for patients with palpitations, aid specific interventions for defined arrhythmias such as AF and define when specialist referral is indicated.

Appendix 2 – Risk Stratification
Appendix 3 – ECG Library

**Referral guidance** | Referral guidance only

**Effective from** | July 2016

**Summary of evidence / Rationale** | This pathway is designed to guide and support the role of the primary care physician or specialist nurse when a patient presents with symptoms suggestive of a primary cardiac arrhythmia. Care pathways and accompanying notes have been developed in conjunction with published NICE guidelines (CKS last revised in May 2015). ECG library is taken from Greater Manchester and Cheshire Cardiac and Stroke Network Primary Care Pathways. Risk stratification and ‘Traffic Light’ system is by Dr Michael Cooklin a cardiologist based in London and the South London Cardiac and Stroke Network.

**Date** | 04 July 2016

**Review Date** | 04 July 2017

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Appendix 1: Palpitations Pathway

Acute Presentation (Current Palpitations)

History, clinical assessment, 12 lead ECG (but if ill, ECG may not be required)

- VT
- Persistent SVT (potentially try carotid sinus massage)
- Haemodynamic instability (low BP or tachycardia)
- Features suggesting of a serious underlying cardiac cause or complication
  - Significant breathlessness
  - Chest pain
  - Syncope or near syncope
- Evidence of systemic cause for current palpitations
  - Thyrotoxicosis
  - Severe anaemia
  - Sepsis

Yes

Emergency admission via ED

No

See Recent History Of Palpitations flow chart
Recent History of palpitations

Palpitations during Exercise
Palpitations with syncope or near syncope
High Risk structural heart disease
Family history of inherited heart disease/SADS
High degree atrioventricular block

Yes

Urgent referral to cardiology
Request blood tests (FBC, U&E, TFT, LFT, HbA1c, Lipids, Calcium Magnesium)

No

Investigate unless there is a clear cause (e.g. anxiety, caffeine, alcohol, drugs and no significant risk factors)

- Blood tests (FBC, U&E, TFT, LFT, HbA1c, Lipids, Calcium, Magnesium)
- CVD risk assessment

Yes

Atrial Fibrillation (new diagnosis) or Atrial Flutter (new diagnosis)

- Pre-existing heart disease (HF, IHD, Valve disease, Congenital heart disease). Murmur on examination or HF is suspected (BNP and arrange ECHO if indicated)
- Resting ECG abnormality (pre-excitation of WPW syndrome, LBBB, prolonged QT interval, Q waves)
- If known AF/Atrial flutter (already diagnosed by cardiologist) but still symptomatic with palpitations (Not appropriate for “Rapid Access” AF Clinic)
- Ventricular extrasystoles (ectopics) if:
  - Underlying heart disease suspected from clinical assessment/ECG
  - Extrasystoles are frequent or VT is suspected

No

Is diagnosis of palpitations clear?

Yes

- Anxiety, caffeine, alcohol, drugs and no significant risk factors
- Atrial extrasystoles (ectopics)
- Ventricular extrasystoles (ectopics) if there are no features of underlying heart disease on clinical assessment or ECG and palpitations are infrequent.
- Sinus tachycardia (having excluded potential underlying cause)

a) Symptoms relatively infrequent (less than once a week) and last for an hour or more advise to attend A&E or GP surgery for ECG during next episode (Provide a letter to be given to health care professional requesting an ECG immediately on presentation during episode)
b) Ambulatory monitoring in primary care if available or refer to cardiology
  i. If symptoms short lived but frequent (daily) -> 24hr or 48hr Holter monitor needed
  ii. If symptoms are short lived and infrequent (less than once a week) a self-activated recorder or an event monitor needed
c) Arrange an ECHO if a murmur found on examination or structural heart disease on ECG or BNP then ECHO if indicated if HF is suspected

b) Routine referral to cardiology (unless meets URGENT criteria above)

Manage in Primary Care
- Reassure
- Manage underlying cause
- CVD risk management
- Lifestyle advice
- Give advice re driving and work if appropriate
- If palpitations remain poorly controlled and symptomatic refer
Appendix 2: Risk Stratification

The majority of patients presenting with palpitations do not have an arrhythmia and of those who do, many do not have an arrhythmia of prognostic significance.

Risk assessment is a guide to the clinician in primary care to aid in decision making around further investigation and referral.

Dr Michael Cooklin a cardiologist based in London and the South London Cardiac and Stroke Network, has raised awareness of risk stratification in arrhythmic illness with the ‘Traffic Light’ system.

Low Risk: Management in Primary Care
- Skipped beats
- Thumping beats
- Short fluttering
- Slow pounding
  AND
- Normal ECG
  AND
- No family history
  AND
- No structural heart disease

Refer for Cardiology opinion
- History suggests recurrent Tachyarrhythmia
- Palpitations with associated symptoms
  AND/OR
- Abnormal ECG
  AND/OR
- Known Structural heart disease

Refer for urgent cardiology opinion
- Palpitations during exercise
- Palpitations with syncope or near syncope
- High Risk structural heart disease
- Family history of inherited heart disease/SADS
- High degree atrioventricular block
Appendix 3: ECG Library

Sinus rhythm with sinus arrhythmia

Sinus tachycardia

Premature atrial ectopic beats
Ventricular ectopic beat

Ventricular bigeminny

Ventricular trigemini
Pre-excitation (WPW Pattern)

Note:

Short PR interval (<120msec)

Delta wave

Prolonged QRS duration (>120msec)

Narrow complex regular tachycardia (SVT)
Atrial tachycardia

Atrial fibrillation

Atrial flutter (with 4:1 block)
Ventricular tachycardia

Ventricular fibrillation