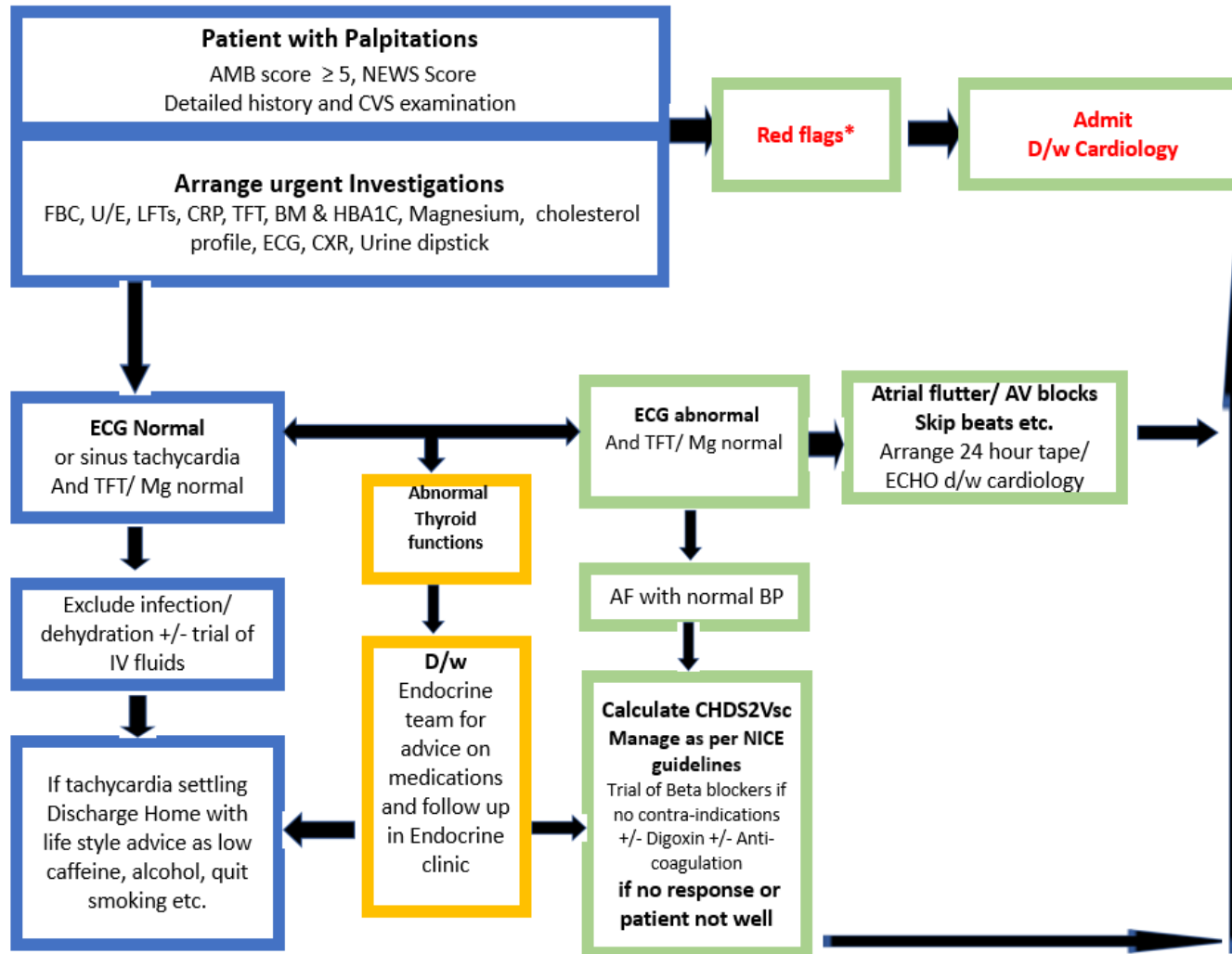


DAU Pathways – Ambulatory care Pathway for Palpitations for use in General Practice

Referrals via Telephone

To Access - Phone 028 375 66060
for discussion



Red Flags*

- Haemodynamically unstable (? Low BP)
- Palpitations with chest pain/ SOB with or without respiratory distress
- Palpitations with severe anaemia (use anaemia pathway)
- Palpitations with sepsis
- Palpitations with syncope or pre-syncope

Ref: NICE guidelines "Palpitations"

DISCLAIMER: The clinical pathways / protocols are to be used as guidance only and are NOT accurate when an alternative diagnosis is more likely. The diagnosis is based on a combination of clinical judgment and investigation results.

Palpitation is a common symptom for admissions in AMU/ ED

the DAU would be able to provide basic work up and management for non-serious causes of Palpitations. It would be important to exclude serious dysrhythmias during the work up.

While taking history of Palpitation focus on these points

- Time of onset, frequency and severity of symptoms
- Any associated symptoms like SOB, chest pain, syncope or near syncope
- Aggravating factors as stress, anxiety exertion sleeplessness
- Pre-existing conditions like IHD, AF, Thyroid disorder
- Misuse of recreational drugs like cocaine, excessive caffeine intake, alcohol misuse
- Family History consistent with IHD, Diabetes or thyroid disorders

Possible causes of Palpitations

Cardiac causes

Dysrhythmias like AF, A Flutter, ectopic, AV blocks, even sinus tachycardia could be symptomatic for some patients

Valvular heart disease especially Mitral valve disease,

Cardiomyopathy,

Cardiac and extracardiac shunts

Atrial myxoma

High out put states

Pregnancy

Anaemia

Fever with or without sepsis

Metabolic disorders

Hypoglycaemia/ hyperglycaemia

Thyroid related disorders

Scombroid food poisoning

Substance misuse / habits and medications

Alcohol, Caffeine (tea and coffee), stress and anxiety

Sympathomimetics agents as salbutamol, Isoprenaline and Dobutamine. Amphetamine and ephedrine. Non direct as MAOI such as selegiline

Vasodilators, anti-cholinergic drugs and beta blockers withdrawal

Psychiatric disorders

Panic attacks

Depression

Somatisation