

# Madigan Army Medical Center

## Referral Guidelines

### Palpitations

#### Diagnosis/Definition

- Irregular or rapid heartbeats sensed by the patient.
- These are commonly described as intermittent sensations of beating, flip-flopping or pounding in the substernal region or neck.
- Can be a common symptom even with a normal heart rhythm.

#### Initial Diagnosis and Management

- History and physical exam.
- Symptoms such as dizziness, light-headedness, syncope, shortness of breath or chest pain.
- Assess for triggers such as exercise, smoking, caffeine, drugs, stress and have the patient avoid these
- Evaluate for diseases such as murmurs, congestive heart failure, hypertension, chronic obstructive pulmonary disease, anemia, thyrotoxicosis.
- 12 lead electrocardiogram (EKG).
- Labs-CBC, thyroid function, electrolytes, digoxin or theophylline levels, as appropriate.
- Reassure patient if exam and EKG are both normal and symptoms are brief and infrequent.
- Decrease caffeine and other stimulant use.
- Do full evaluation (graded exercise test, holter/event monitor, echocardiography) if cardiovascular disease or with worrisome symptoms. Can refer to Cardiology, Internal Medicine or Family Practice depending on patient's primary care portal.

#### Ongoing Management and Objectives

- Premature atrial contractions do not necessarily need to be treated.
- For patients without cardiac disease, simple ventricular ectopy (i.e., frequent premature ventricular contractions, couplets or brief non-sustained ventricular tachycardia) reassurance or beta blockers are first line therapy.
- Paroxysmal supraventricular tachycardia (PSVT) & re-entry supraventricular tachycardia rhythms may respond to vagal maneuvers.
- Beta-blockers, digoxin and calcium channels blockers (verapamil and diltiazem can be tried for frequent episodes of PSVT.
- Avoid beta-blockers, verapamil, and digoxin in Wolfe-Parkinson-White syndrome.

#### Indications for Specialty Care Referral

- See referral guideline for ventricular arrhythmias. - Ischemia, syncope, and/or frequent symptoms.
- See referral Guideline for supraventricular tachycardia.
- Atrial fibrillation (see referral guideline), conduction disturbances or benign (documented) arrhythmia not responding to conservative therapy.

#### Criteria for Return to Primary Care

- Stable therapy regimens with control of arrhythmia.
- Evaluation completed if no treatable abnormalities are found.

Last Review for this Guideline: **January 2010**  
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division  
Clinical Practice and Referral Guidelines Administrator