

Madigan Army Medical Center

Referral Guidelines

Supraventricular Arrhythmias

Diagnosis/Definition

Symptoms: palpitations, chest discomfort, dizziness, and syncope. Electrocardiogram (EKG): Narrow QRS complex tachycardia, rate > 100 bpm.

Initial Diagnosis and Management

- History and physical exam: onset, resolution, duration, frequency and associated symptoms (hemodynamic significance of event, e.g., syncope, congestive heart failure, cardioversion or treatment with adenosine or verapamil).
- 12 lead EKG.
- PA and LAT CXR.
- Thyroid function.
- Evaluate for structural heart disease (echocardiogram or other studies as needed).
- Document rhythm during symptoms: 24-hour holter monitor for frequent symptoms. For infrequent symptoms, an event recorder is preferred (arranged through cardiology).
- Nonsustained atrial rhythms, structurally normal hearts - treat symptoms only. Consider beta-blocker or digoxin.
- Limit caffeine, tobacco, or other stimulant use.
- Wolf-Parkinson-White (WPW) syndrome and atrial fibrillation: cardioversion or intravenous amiodarone.
- Digoxin, beta blockers or calcium channel blockers may favor accessory pathway conduction and may rarely lead to ventricular fibrillation in patients with WPW syndrome.

Ongoing Management and Objectives

- Medical management should reduce symptoms of atrial ectopy.
- In paroxysmal supraventricular tachycardia (PSVT), medical management may reduce episodes.
- Trial of Beta blockers or Calcium channel blockers will work in majority of people.

Indications for Specialty Care Referral

- WPW syndrome with arrhythmia symptoms, syncope or documented narrow or wide complex tachycardias to include atrial fibrillation.
- WPW patients without tachycardias generally do not need a referral.
- History consistent with or documented symptomatic PSVT.
- Failed medical therapy of beta blocker or calcium channel blocker.

Criteria for Return to Primary Care

- Patients who have undergone successful radio frequency catheter ablation.
- Patients on stable antiarrhythmic regimens with control of their arrhythmias.

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