Palpitation Referral Pathway

Cardiology

May, 2025

GIRFT – Getting It Right First Time | NHS IMPACT – Improving Patient Care Together | Primary Care Cardiovascular Society – Empowering primary care to deliver the best in cardiovascular health | NHS England

Presentation

Patient presents with palpitations in primary care

History

- Nature of palpitation (e.g. slow, fast, regular, irregular)
- Frequency and duration
- Associated symptoms e.g. pre-syncope, syncope, chest pain, heart failure
- Personal & family history of heart / heart rhythm problems
- Precipitants / contributing factors (e.g. exercise, alcohol / prescribed or other drugs and / or other conditions e.g. anaemia, pregnancy, sepsis)
- Cardiovascular disease risk assessment

Examination

- Pulse rate & rhythm
- Blood pressure
- Heart murmur
- Clinical features of heart failure, anaemia, thyrotoxicosis and pregnancy etc.

Immediate Investigation

- ECG
- Consider blood tests:
  - FBC
  - U&E
  - TFT
  - Lipids
  - NT-proBNP
- Echo (*if heart murmur, heart failure or important abnormality of ECG*). See BSE outpatient and inpatient triage guidelines

Risk stratification

Referral

Low risk - manage in primary care

- Skipped or thumping beats or short fluttering or slow pounding AND
- Normal ECG AND
- No family history AND
- No known or suspected structural heart disease

Low risk patients should be reassured and given appropriate lifestyle advice. Drug therapy such as beta-blockers may be helpful for refractory and troublesome symptoms due to ectopic beats. Echo required in those with >10% burden of ventricular ectopy on ambulatory ECG monitoring.

Medium risk - refer to cardiology / arrhythmia care co-ordinator

- History suggests recurrent tachyarrhythmia or palpitations with associated symptoms e.g. light headedness OR
- Abnormal ECG OR
- Structural heart disease

Investigations such as ambulatory ECG monitoring and NT-proBNP and Echo may be requested in primary care for **amber flag**

High risk - refer to cardiology with urgency

- Palpitation during exercise
- Palpitations with syncope / near syncope
- High risk structural heart disease
- Family history of inheritable heart disease / SADS
- High degree atrioventricular block

Arrhythmia referrals should include all relevant ECGs and, when available, ECG monitoring

Emergency referral for admission

- Ongoing symptoms AND
- Evidence of major underlying condition e.g. sepsis, severe anaemia, thyrotoxicosis OR
- Associated with pre-syncope / syncope or hypotension or respiratory distress or chest pain AND
- ECG shows any of:
  - Narrow complex tachycardia that is not reverted by vagal manoeuvres or is incessant
  - Newly diagnosed AF conducted at high ventricular rate and associated with heart failure
  - Broad complex tachycardia
  - High grade or 3rd degree AV block
  - Profound bradycardia or pauses
  - Pre-excitation on ECG

If uncertain of ECG findings, seek expert opinion; if bradycardic, consider withdrawal of any contributory medication

Click for further notes

Palpitation referral Pathway

Cardiology

May, 2025

Primary Care Cardiovascular Society
Empowering primary care to deliver the best in cardiovascular health

Notes

Further considerations:
Palpitation is a symptom, not a diagnosis

- When diagnosis is clear, patient should be placed on the relevant pathway e.g. AF pathway
- Atrial flutter should have same approach to anticoagulation as AF and be referred for consideration of ablation
- Remember to provide patient information and support including lifestyle advice

- Ambulatory ECG monitoring can be very useful to record the ECG during symptoms.
- The intended duration of monitoring should be chosen according to the typical frequency.
- Monitoring can also occasionally be useful to reveal important intermittent asymptomatic arrhythmias or conduction system abnormalities.
- Patient activated devices with ECG recording capability such as Kardia mobile (Alivecor.com) or wearables such as Apple (generation 4 or above) & most Samsung Galaxy watches can be very useful for recording infrequent symptoms.
- ILR implantation is very rarely required just for the documentation of palpitations.

Refer to: Assessing fitness to drive – a guide for medical professionals (publishing.service.gov.uk)

And consider whether there are any particular occupational or other activities to be restricted if there is a risk of danger/incapacity.

The following provide some useful patient information and support tools:

- Arrhythmia Alliance: www.heartrhythmalliance.org.uk
- Atrial Fibrillation Association: www.atrialfibrillation.org.uk
- Primary Care Cardiovascular Society: www.pccsuk.org
- Sudden Adult Death Trust: www.sadsuk.org
- NICE CKS Palpitations: cks.nice.org.uk

- **ECG** - Electrocardiogram
- **FBC** - Full blood count
- **U&E** - Urea and electrolytes
- **TFT** - Thyroid function test
- **NT-proBNP** - N-terminal pro-B-type natriuretic peptide
- **ECHO** - Echocardiogram
- **AF** - Atrial fibrillation
- **SADS** - Sudden arrhythmic death syndrome
- **VT** - Ventricular tachycardia
- **AV** - Atrioventricular
- **ILR** - Implantable loop recorder

Return to page 1 of 2