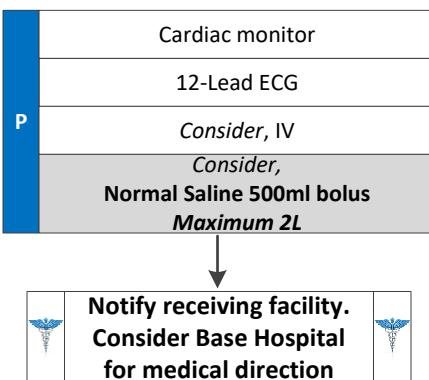


Palpitations

For any patient complaint of palpitations (e.g., rapid heart rate beat, skipped beats, chest fluttering) with normal rate and rhythm on the ECG

History	Signs and Symptoms	Differential
<ul style="list-style-type: none"> Age Past medical history Medications (e.g., Theophylline, Adderall, diet pills, thyroid supplements, decongestants, and Digoxin) Diet (caffeine) Drugs (e.g., nicotine and illegal drugs; withdrawal) History of palpitations/SVT Frequency of heart beat irregularity 	<ul style="list-style-type: none"> Anxiety Irregular heart beat O₂ sat > 92% Jittery Heart rate < 120 Normotensive blood pressure Normal mental status Potential presenting rhythm: <ul style="list-style-type: none"> Atrial/sinus tachycardia Atrial fibrillation/flutter 	<ul style="list-style-type: none"> PVC/PAC A-Fib/A-Flutter Electrolyte imbalance Exertion, pain, or emotional stress Fever Hypovolemia or anemia Drug effect/overdose (see History) Hypoxia Sick Sinus Syndrome



Pearls

- If the patient has an identifiable dysrhythmia (e.g., narrow or wide complex tachycardia), exit to appropriate treatment protocol.
- For ASYMPTOMATIC patients (or those with only minimal symptoms, such as palpitations) and any tachycardia with a rate of approximately 100 – 120 with a normal blood pressure, strongly consider CLOSE OBSERVATION or fluid bolus rather than immediate treatment with an anti-arrhythmic medication. For example, a patient's "usual" atrial fibrillation may not require emergent treatment.

