Palpitations

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

**History**
- 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 palpations/SVT
- Frequency of heart beat irregularity

**Signs and Symptoms**
- Anxiety
- Irregular heart beat
- O₂ sat > 92%
- Jittery
- Heart rate < 120
- Normotensive blood pressure
- Normal mental status
- Potential presenting rhythm:
  - Atrial/sinus tachycardia
  - Atrial fibrillation/flutter

**Differential**
- 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

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**Cardiac monitor**

**12-Lead ECG**

**Consider, IV**

**Consider, Normal Saline 500ml bolus**

**Maximum 2L**

**Notify receiving facility. Consider Base Hospital for medical direction**

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**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.

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San Mateo County Emergency Medical Services

Effective October 2019