







History of palpitation

Color index:

Important

Further explanation

Editing link

Palpitations: are a sensory symptom. They are defined as an unpleasant awareness of the forceful, rapid, or irregular beating of the hear

Cardiac

Any arrhythmia Cardiomyopathy VHD

Psychiatric

Panic attack and disorder Generalized anxiety disorder

Metabolic disorders

Hypoglycemia Thyrotoxicosis Pheochromocytoma

causes of palpitations?

Medications

Sympathomimetic agents
Vasodilators
Anticholinergic drugs
Beta blocker withdrawal

High output states

Anemia

Pregnancy

Paget's disease

Fever

Catecholamine excess

Stress

Exercise

Habits

Cocaine

Amphetamines

Caffeine

Nicotine

A. Arrhythmias (Management: B-Blockers or Digoxin or Ca channel Blocker)

Suggests	Feature
Ectopic beats (Atrial or ventricular) Extrasystoles Premature beats	 same arrhythmic symptoms → Missed beat followed heavy or strong beat → Palpitation worse at rest
SVT=supraventricular tachycardia	Symptoms → Very fast → Regular → Instantaneous onset → Offset with vagal manoeuvres* → Polyuria
AF=atrial fibrillation	Symptoms → Fast → Irregular (irregularly irregular pulse) Complication: → Stroke → Systemic embolism
VT = ventricular tachycardia	Risk factor : Electrolyte disturbance(hypokalemia, hypocalcemia , hypomagnesaemia) Symptoms → Fast → Regular → Syncope → Pre-existing heart failure Complication: → Sudden death (Rarely)

Atrial flutter	Risk factors: Open heart surgery Symptoms: → Fast → Regular
B. other	
Hyperthyroidism	Risk factors: Family history of thyroid condition Typical Symptoms; → Palpitation → Tremor → Irritability → Emotional lability → Dyspnea → Fatigue Complication: Atrial fibrillation, Thyroid storm

**People can terminate their palpitation by increasing vagal tone with Valsalva manoeuvre by coughing or swallowing cold or ice cubes .

History of palpitation

Personal data		
1- Chief Complaint: "Palpitation"		
Question	Suggests	
A.Duration		
When did you first notice ? (Age of onset) How long did it last?	 Rapid palpitation Since childhood (SVT) → particularly one that uses a bypass tract In contrast, arrhythmia that occur in older patient → associated with structural heart disease = Afib, VT 	
B.Onset (ask the patient to tap out the rhythm with the fingers)		
1: Does it come and terminate suddenly ?	→ (SVT,VT)	
2:Does it occur randomly and episodically and last for an instant	→ premature beats	
3: Does it come gradually or continuous ?	 → (sinus tachycardia) → continues (Anemia , Anxiety Valve disease) 	
4:Was the heartbeat felt as fast, slow, or some other pattern? 5-Does the heartbeat seem regular or irregular?	 → Fast & Regular (SVT, VT) → Slow palpitations are likely to be due to drugs such as beta-blockers → Fast & completely Irregular (Atrial fibrillation) 	
6- Is this the feeling of normal heartbeats interrupted by missed or strong beats?	→ Normal hearts beats interrupted by or irregular missed or strong beats ((ectopic beats)	
7- Does the heart seem fast or Not fast BUT Forceful and Regular	→ ((Anxiety))	
8- What was the patient doing when the palpitations started?	Ask when it occurs	
9- Has this ever happened before? If so, what were the circumstances?		
10- Has an episode ever been recorded on an ECG?		

C. Aggravating and Relieving Factors		
1- is heartbeat faster than it ever goes at any other time e.g. exercice or rest ?	Dropped or missed beats related to rest, recumbency, or eating are likely to be atrial or ventricular ectopics	
2- Is there any relationship to, eating or drinking (tea , coffee)		
3- Can you terminate the episodes by deep breathing or holding it (Valsalva maneuver)* ?	SVT	
Have you had other heart problems such as heart failure or heart attack in the past ?		
D. Associated symptoms		
1- Have you lost consciousness during an episode ?	((VT + SVT)) → sufficiently rapid to reduce the CO and cause syncope or presyncope	
2- Are there any associated symptoms? (Chest pain, shortness of breath, syncope, nausea, dizziness, polyuria, ankle swelling,intermittent claudication)	((VT))	
3- polyuria ?	((SVT))	

Done by: Suzan Al-Shehri Revised By: Nada Alamri Abdulrahman Al Mizel

Feel free to contact us on: OSCE434@gmail.com