GP Appointment

IT SHOULD BE A GOAL THAT ALL GP SURGERIES SHOULD BE ABLE TO PERFORM A 12 LEAD ECG

Patient Complains of Palpitations

Symptoms present at time of consultation

Yes

No

999 Calls or Cardiac arrest protocol

Yes

No

Associated with presyncope/syncope or severe chest pain or SOB.

ECG Machine available

Yes

No

Immediate 12 lead ECG (With copy for patient to keep)

Normal ECG & only 1 Episode: No Further Action - See again if recurs

Recurrent Episodes

C/O skipped/missed beats with no sustained runs of fast rhythm

Associated cardiac symptoms abnormal chest pain or SOB on exertion, syncope/pressure

Unclear description and or sustained runs of fast rhythm

Appropriate Monitoring Strategy

12 lead ECG FBC & TFTs

Pre-Excitation or other ECG Abnormality

Suggestive of Paroxysmal AF

Bedside cardiac exam

History

High Risk Factors Present*

Yes

No

Cardiologist Referral (Supply resting ECG)

No

Yes

Call for Medical Admission

Call for urgent medical admission

A. Fib Management Pathway

Clear Diagnosis of Atrial Fibrillation

Yes

No

call for urgent hospital admission

Explicit Diagnosis of Paroxysmal AF

Immediate 12 lead ECG

Broad QRS >120m sec

Any Rate

Narrow QRS <120m sec

<120 bpm sinus tachy

Not S.R./ >120 bpm

Investigate for underlying cause

Reversion to SR

REFER with copy of ECG to cardiologist & give patient:
1) Narrow Complex Information Sheet
2) List of Web Resources

High Risk Factors - see list on Page 1

Vagal Manouvers* (Sheet 2)

*VAGAL MANOEUVRES - See Arrhythmia Alliance Physiological Manoeuvres for SVTs sheet

Developed and approved by the Dept of Health Expert Reference Group on Cardiac Arrhythmias & Sudden Cardiac Death (NSF Chapter 8)

http://www.dh.gov.uk/assetRoot/04/10/60/40/04106040.pdf