Palpitation Checklist

Working together to improve the diagnosis, treatment and quality of life for all those affected by arrhythmias

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Introduction

When someone becomes uncomfortably aware of their heart beating, it is often described as experiencing a palpitation or palpitations. The sensation may be awareness of isolated single beats that are different from normal, or may be associated with a feeling that the heart is beating abnormally fast or irregularly. Such sensations can occur due to normal variations in the heart rhythm, but can also indicate the presence of an abnormal heart rhythm—an arrhythmia.

There are a small number of uncommon types of arrhythmias which can be dangerous and need to be recognised in order to be treated promptly. Arrhythmias may be associated with symptoms such as chest discomfort, shortness of breath or dizziness. Although these symptoms may keep recurring at unpredictable times and be disruptive to everyday life, it does not necessarily mean that they are dangerous. Most commonly of all, palpitations may just reflect extra beats which are merely a variation of the normal heart rhythm and can be safely ignored.

Completing this list before seeing your doctor or discussing the sensations you are feeling with a health care professional, will help to identify which type of palpitation is occurring and help to ensure you get the best medical advice and (if necessary) treatment.

Checklist

Do you experience palpitations/shortness of breath? ...........................................................

What is your current medical history/ past medical history? (e.g. Have you ever been diagnosed with thyroid disease, hypertension, asthma, cancer etc?) ........................................................................................................................................

Please list any medications that you are currently taking ..........................................................................................................................................................................................

Are you currently pregnant or breast feeding? .................................................................

Frequency and Duration

1. When was the very first time you had the sensation? .................................................................

2. How often have you felt it since? ........................................................................................................

3. Do your palpitations start and stop suddenly, or do they come on gradually and then gradually disappear? ..........

4. Have you had any heart investigations such as an ECG or heart scan in the past? ........................

5. Does it seem to be getting more or less frequent? ...........................................................................

6. Has an ECG (a recording of your heart rhythm) ever been done while the abnormal sensation was happening? (If so, can you get hold of a copy?) ..........................................................................................................................
Rate and Rhythm
1. Can you tell if your heart rhythm is regular or irregular when you get the palpitations? .................................................................
2. Does the sensation feel like single abnormal beats or dropped/missed beats, with gaps in between where the heart seems to be beating normally? ..................................................................................................................................
3. Alternatively, does it feel as though the heart rhythm is continuously abnormal for a period of time, for example minutes or even hours of a continuous fast heart rhythm, or a period of time where the heart rhythm seems irregular and abnormal? ..................................................................................................................................
4. If the sensation seems continuous for a period of time, what is the longest duration that a single run of abnormal beats has lasted? ..................................................................................................................................
5. Did you or anyone else manage to count your pulse whilst the abnormal rhythm was present? If so, what was your pulse rate? ..................................................................................................................................
6. Are you sufficiently aware of how your heart is beating when the abnormal rhythm occurs that you could mimic the rhythm by tapping your finger on a table top? (Your doctor may ask you to try to do this during the consultation).

Describe how you feel whilst experiencing the palpitations
1. How do you feel while the abnormal heart beats are occurring? .......................................................................................................................... 
2. Has anybody been with you when you had an attack – how did they say you looked at the time? ............................................................
3. When the abnormal rhythm is occurring, are you able to carry on with your normal activities or are you forced to sit or lie down? ..................................................................................................................................
4. Have you found any methods that will stop the abnormal rhythm such as taking a deep breath or drinking a gulp of cold water? ..................................................................................................................................
5. Have you ever had a blackout? If so, did this coincide with a time when you were experiencing palpitations or was this on a separate occasion? ..................................................................................................................................

Family History
1. Are you known to have a heart condition or any other medical condition? For instance, have you ever been admitted to hospital with what was thought to be a heart related problem? ..................................................................................................................................
2. Are there any heart conditions or other diseases that you are aware of in your family? ............................................................................................
3. Has anybody ever died suddenly at a young age (under 40 years) in your family? ........................................................................................................
4. At times when you are not experiencing the abnormal rhythm, are you able to walk up a hill or carry out other types of normal everyday exertion? If not, what stops you? ..................................................................................................................................

If you find any of these points difficult to understand it may help to discuss the question with your doctor. Armed with this information, your doctor will be able to make an assessment of what is the best step to take. You may like to refer to the basic guide for caring for people with palpitations that is on the Department of Health website www.gov.uk.
Please remember that this publication provides general guidelines only. Individuals should always discuss their condition with a healthcare professional.

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Arrhythmia Alliance, Unit 6B, Essex House, Cromwell Business Park, Chipping Norton, Oxfordshire OX7 5SR

+44 (0)1789 867 501

info@hearthrhythmalliance.org

www.hearthrhythmalliance.org

If you would like further information or would like to provide feedback please contact Arrhythmia Alliance.