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| Clinical Standard Operating Procedure (SOP) **Arrhythmia Hot clinic – criteria and referral process** |
| **SETTING** | Specialist Services – Cardiology |
| **FOR STAFF** | Cardiology Department, Emergency Department, Acute Medicine, BNSSG CCG GP’s |
| **PATIENTS** | Patients with documented arrhythmia or symptoms felt to be arrhythmia |
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| **Arrhythmia Hot Clinic**Palpitations refer to a subjective awareness of the heartbeat that might or might not correlate to an arrhythmia or a cardiac cause.The Arrhythmia Hot Clinic (AHC) is a rapid access, one-stop service to assess and review emergency cardiology referrals and establish if a cardiac cause is likely to be causing the presenting symptoms.Patients are referred to the AHC via the emergency department, acute medicine, primary care and occasionally other clinical departments within secondary care. Referrals will come through triage of AHC and can only happen after other causes of palpitations have been ruled out or in specific circumstances after discussion with the arrhythmia specialist nurse team/cardiac advanced practitioners (AP) team.The overall aim of the AHC is to optimise investigations and management of cardiac arrhythmia, avoid admission and facilitate early discharge when possible. Patients must be clinically stable for outpatient management. When assessed in AHC, patients will have a plan of clinical management made, which might include a referral for ongoing care where appropriate.Patients are seen and assessed by an AP/trainee advanced practitioner (tAP) with the ongoing supervision/support from an electrophysiology consultant. It is expected tAP/APs have knowledge and understanding of the NICE and ESC guidelines and use their expertise and decision-making skills to inform clinical reasoning approaches and order further investigations as appropriate. All results are reviewed by the tAP/APs and actions initiated accordingly.This SOP is based on NICE Palpitations CKS (updated in April 2020) recommendations and offers an overview of the criteria for referral.**Inclusion criteria:**Presentation to **BRI Emergency Department/SDEC** with:* Palpitations without a known diagnosis where baseline investigations are normal and there is suspicion of arrhythmic cause of symptoms
* Terminated narrow complex tachycardia
* Documented frequent premature atrial/ventricular complexes requiring pharmacological management
* Post-discharge cardiac patients – upon previous discussion and acceptance from the AP team.

Presentation to **Primary Care** with documented arrhythmia (see exclusion criteria below) or undocumented palpitations where baseline investigations are normal and there is suspicion of arrhythmic cause of symptoms. Prior to referral to clinic, please ensure other causes of palpitations have been excluded and include:* Baseline U+Es, FBC, HbA1c, TFTs, cholesterol and LFTs
* ECG
* Echocardiogram where structural heart disease is suspected
* In patients with frequent symptoms, it is recommended to attempt correlation of symptoms with ambulatory ECG monitor prior to referral

Patients with palpitations and **Pregnancy:** this pathway can be used but patient will be seen by arrhythmia nurse specialist team, if no other underlying cardiac diagnosis.**Exclusion criteria:*** Under 18 years of age
* Social situation meaning outpatient care is unsuitable.
* Isolated palpitations with a normal resting 12-lead ECG and no red-flags.
* Palpitations/arrhythmia not main problem 🡪 redirect to appropriate clinic.
* Complex cardiac history previously under the care of named consultant cardiologist, positive family history of SCD or ICC suspicion, highly symptomatic recurrent AF, new atrial flutter or cardiac ablation within the past 12 months 🡪 redirect to electrophysiology consultant clinic or on-call cardiology for review, if urgent.
* Adult congenital heart disease 🡪 redirected to ACHD team by emailing named ACHD consultant or contacting ACHD CNS team (in-hours).
* Palpitations with known significant cardiac diagnosis (e.g., inherited cardiac condition (ICC), structural heart disease (SHD) 🡪 redirected to appropriate sub-speciality clinic (please check Evolve letters to identify appropriate team/cardiologist consultant) or on-call cardiology for review, if urgent.
* Palpitations or documented ventricular ectopy where there is suspicion of ischaemic heart disease as a cause 🡪 redirect to RACPC or interventional clinic or on-call cardiology for review, if urgent.
* Syncope without confirmed or suspected arrhythmic cause 🡪 refer to GP for initial management. GP to consider referral to syncope clinic.
* New presentation of atrial fibrillation 🡪 refer to GP for initial management.
* Suspected POTS or orthostatic intolerance syndromes 🡪 refer to GP for initial management as per remedy BNSSG.

**Referral Process*** Referrals to be completed via Careflow service order to Arrhythmia Hot clinic or ERS (Electronic Referral Service) if from primary care.
* Referrals will be screened and triaged by cardiac tAP/AP team, who may redirect or decline referrals when inclusion criteria not met. If rejected, a letter or triage note on Evolve are sent to the referring team to inform them.
* Referrals from ED will be prioritised but primary care referrals will be accepted, when there is availability in clinic.
* Patients will be invited for an appointment via letter or contacted directly by the clinic coordinators. The aim is that all patients are seen within 4-6 weeks of being accepted.
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| **Table A** |
| **REFERENCES** | NICE CKS Palpitations (last updated April 2020) |
| **RELATEDDOCUMENTS AND PAGES** | Arrhythmia Hot Clinic SOP V1 (September 2022) |
| **AUTHORISING BODY** | Cardiology Clinical Governance meeting |
| **SAFETY** | Any patients that do not fit this criteria but clinicians feel they should be reviewed, can be discussed with the cardiology AP team via bleep 1464, Monday to Friday, excluding bank holidays. If out-of-hours, please discuss with Cardiology Registrar on-call. |
| **QUERIES AND CONTACT** | Cardiology Advanced Practitioners team – bleep: 1464Arrhythmia Nurse Specialist Team – bleep: 6004/6008 |
| **AUDIT REQUIREMENTS** | Audit waiting list times from referral to clinical review.Audit appropriateness of referrals. |
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| **Plan Elements** | **Plan Details** |
| **The Dissemination Lead is:** | Marta Cunha |
| **Is this document: A – replacing the same titled, expired SOP, B – replacing an alternative SOP, C – a new SOP:** | A |
| **If answer above is B: Alternative documentation this SOP will replace (if applicable):** | N/A |
| **This document is to be disseminated to:** | Cardiology Delivery Group meetingCardiology Clinical Governance meeting |
| **Method of dissemination:**  | Presentation and email |
| **Is Training required:** | No |

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| Document Change Control  |  |
| Date of Version | Version Number | Lead for Revisions | Type of Revision | Description of Revision |
| Apr 2025 | 2.00 | Cardiology AP | Major | All SOP reviewed to adapt to and reflect the changes of the new team leading this clinic. |
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**Appendix 1 – Adult Palpitations Pathway (based on NICE CKS)**

Patient presents with palpitations

Emergency admission if current palpitations with:

* Chest pain
* Ventricular tachycardia or SVT
* Haemodynamic instability
* High risk structural heart disease
* Features suggestive of serious underlying cardiac cause or complication
* Serious or life-threatening systemic cause

History taking and physical examination/assessment

Red Flags?

Urgent cardiology assessment if:

* Palpitations on exercise
* History of palpitations with syncope, chest pain, SOB
* Family history of inherited cardiac condition or history of sudden cardiac death
* Pre-existing heart disease
* Abnormal ECG

 **No**

Recommended investigations:

* 12 leads ECG +/- ambulatory ECG monitoring (depending on frequency of symptoms)
* Baseline bloods
* Echocardiogram, if structural abnormality suspected (Primary Care only)

Discuss with cardiac SpR on-call/cardiac AP and consider SDEC or Arrhythmia Hot Clinic referral after discussion

Refer to Arrhythmia Hot Clinic

Sustained palpitations correlating with arrhythmia documentation or convincing of arrhythmic origin due to history

* Positive family history of SCD or ICC suspicion or other underlying heart disease
* Highly symptomatic recurrent AF
* New atrial flutter
* Complex cardiac history previously under the care of consultant cardiologist
* Cardiac ablation within the past 12 months

Normal ECG/ambulatory monitor or Sinus Tachycardia at time of symptoms 🡪 reassurance, lifestyle measures, treat underlying cause (e.g., anxiety, hormonal disorder, lifestyle, etc.)

Atrial Fibrillation/Atrial Flutter/Suspected POTS 🡪 please see BNSSG Remedy page

Consultant EP Clinic

If symptoms suggestive of frequent premature atrial/ventricular ectopy 🡪 Request ambulatory ECG monitor (Primary Care only)

Via Email/Letter