
Palpitations

DEFINITION

A sensation felt in the chest in which a person is aware of an irregular, strong, or rapid heartbeat. The sensations may be intermittent or a few seconds or last a few hours or days.

PATHOPHYSIOLOGY

Palpitations may be caused by anxiety, arrhythmias, too much caffeine, certain medications, cocaine and other amphetamines, emotional stress, overeating, panic, somatization, and vigorous exercise. There may be no other symptoms. But, anxiety, dizziness, shortness of breath, and chest pain may be signs of more severe arrhythmias.

SIGNS & SYMPTOMS

- Chest discomfort or pain.
- Fainting.
- Shortness of breath.
- Severe dizziness.

ASSESSMENT:

- Note skin color, temperature, and moisture.
- Check for any alterations in level of consciousness.
- Assess heart rate, rhythm, characteristics and blood pressure.
- Check for peripheral pulses, including capillary refill.
- Inspect fluid balance and weight gain. Weigh patient regularly prior to breakfast. Check for pedal and sacral edema.
- Record urine output. Determine how often the patient urinates.
- Assess heart sounds for gallops (S3, S4).
- Note respiratory rate, rhythm, and breath sounds. Identify any presence of paroxysmal nocturnal dyspnea (PND) or orthopnea.
- Assess oxygen saturation with pulse oximetry both at rest and during and after ambulation.
- Assess for reports of fatigue and reduced activity tolerance.
- Monitor electrocardiogram (ECG) for rate, rhythm, and ectopy.

NURSING INTERVENTIONS

- Auscultate heart sounds; note rate, rhythm, presence of S3, S4, and lung sounds.
- Closely monitor for symptoms of heart failure and decreased cardiac output:
 - including diminished quality of peripheral pulses,
 - cold and clammy skin and extremities,
 - increased respiratory rate,
 - presence of paroxysmal nocturnal dyspnea or orthopnea,
 - increased heart rate,
 - neck vein distention,
 - decreased level of consciousness, and
 - presence of edema.
- Note chest pain. Identify location, radiation, severity, quality, duration
- Associated manifestations such as nausea, precipitating and relieving factors.
- If chest pain is present, have patient lie down, monitor cardiac rhythm, give oxygen, run a EKG rhythm strip, medicate for pain, and notify the physician.
- Place on cardiac monitor; monitor for dysrhythmias, especially atrial fibrillation.
- Examine laboratory data, especially arterial blood gases and electrolytes, including potassium.
- Monitor laboratory tests such as complete blood count, sodium level, and serum creatinine.
- Review results of EKG and chest Xray.
- During acute events, ensure patient remains on bed rest or maintains activity level that does not compromise cardiac output.
- Monitor blood pressure, pulse, and condition before administering cardiac medications such as angiotensin converting enzyme (ACE) inhibitors, digoxin, and beta-blockers such as carvedilol. Notify physician if heart rate or blood pressure is low before holding medications.
- Use quiet music therapy to decrease anxiety and improve cardiac function.

PATIENT TEACHING

- Assess patient for understanding and compliance with medical regimen, including medications, activity level, and diet.
- Educate family and patient about the disease process, complications of disease process, information on medications, need for weighing daily, and when it is appropriate to call doctor.
- Confer with patient to adapt daily living patterns to establish life changes that will maintain improved cardiac functioning in the patient.
- Explain importance of smoking cessation and avoidance of alcohol intake.

CULTURAL CONSIDERATIONS

- Assess for the influence of cultural beliefs, norms, and values of the patient's chest pain or arrhythmias related to perceived end of life.
- Discuss with the patient those aspects of his or her daily activities that will remain unchanged, and work with patient to adapt cultural core nutrition.
- Validate the patient's feelings regarding the impact of current lifestyle, finances, and transportation on ability to redesign toward healthier personal habits.

COORDINATING CARE WITH NURSING ASSISTANT

- Ambulate patient as tolerated with doctor's order three times daily.
- Encourage frequent rest periods and teach patient to pace activity.
- Encourage small frequent meals.

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