Table 1

Assessment of patients with suspected arrhythmias

History

Symptoms
- Palpitations
- Dyspnoea
- Chest pain
- Peripheral oedema
- Presyncope/syncope
- Exercise tolerance

Important comorbidities/ past medical history
- Hypertension
- Heart failure
- Valve disease
- Angina/ACS/PCI
- Thyroid dysfunction
- Obesity
- Diabetes mellitus
- Obstructive sleep apnoea
- Chronic airways disease
- Chronic kidney disease

Medications
- Anticoagulants
- Antiplatelets
- NSAIDs
- Heart failure drugs
- Antihypertensives

Social history
- Alcohol
- Smoking
- Exercise
- Occupation and driving

Examination

General
- Height, weight/BMI
- Oxygen saturations

Cardiovascular
- Pulse palpation
- BP
- JVP
- Murmurs
- Pulmonary congestion/ pleural effusions
- Peripheral oedema

Respiratory
- Chest hyperexpansion
- Expiratory wheeze

Thyroid
- Tremor
- Thyroid goitre

Investigations

Test/investigation	Indications/important considerations of tests
Blood tests: - Full blood count - Renal function/electrolytes - Liver function - Thyroid function	- Identify anaemia - Guide drug dosing - Inform bleeding risk - Identify reversible causes
12-lead ECG	- Confirm diagnosis and assess ventricular rate - Identify signs of ischaemia - Identify conduction disease - Identify signs of structural heart disease (e.g. BBB)
Ambulatory monitoring - Continuous ECG monitoring - External event recorders Including Zio patch and Kardia AliveCor device - Implantable loop recorders	- Important to detect AF paroxysms - Assess rate control - Identify and assess burden of PVCs or NSVT - Continuous monitoring of limited duration
Transthoracic echocardiography	- Assess LV systolic function - Identify valve disease - LVH as sign of hypertension - LA size

ACS = acute coronary syndrome; BBB = bundle branch block; BMI = body mass index; BP = blood pressure; JVP = jugular venous pressure; LA = left atrium; LV = left ventricle; LVH = left ventricular hypertrophy; PCI = percutaneous coronary intervention