

Table 5**When to refer patients with arrhythmias**

Arrhythmia	When to refer
Atrial fibrillation/flutter	<ul style="list-style-type: none">● Symptomatic arrhythmia in whom rhythm control considered● Symptoms of severe chest pain and/or dyspnoea● Concomitant LV systolic impairment (new or preexisting)● Guidance on appropriate antiplatelet combination therapy required● New onset atrial flutter● Ongoing arrhythmia six weeks post CABG
Ventricular arrhythmias/heart failure	<ul style="list-style-type: none">● Presyncope, syncope or rapid palpitations with known LV impairment● Symptoms/signs of heart failure in patient with previous ACS● New marked ECG abnormalities (e.g. new BBB)
Ventricular ectopy	<ul style="list-style-type: none">● Severe symptoms or associated syncope● High burden on ambulatory monitoring (> 10%)● Associated LV systolic impairment● New marked ECG abnormalities (e.g. new BBB)
Bradyarrhythmia	<ul style="list-style-type: none">● Symptomatic sinus bradycardia despite reduction/cessation of rate limiting medications● Second- or third-degree AV block