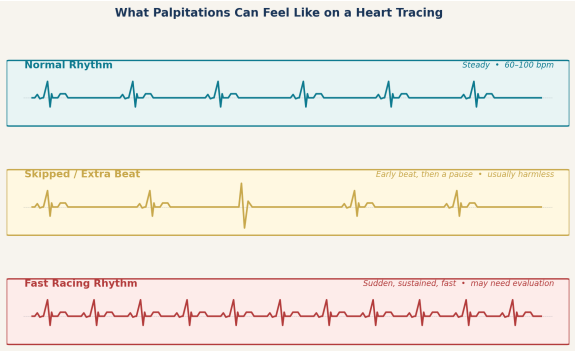
Palpitations

Workup and When to Worry

Palpitations mean feeling your own heartbeat — racing, pounding, skipping, or fluttering. Most causes are harmless. This guide explains the common triggers, the tests that find the cause, how to take your own pulse, and the red flags that mean call 911.



Online: https://go.riasalimd.com/palpitations-guide

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Last Updated: August 2026

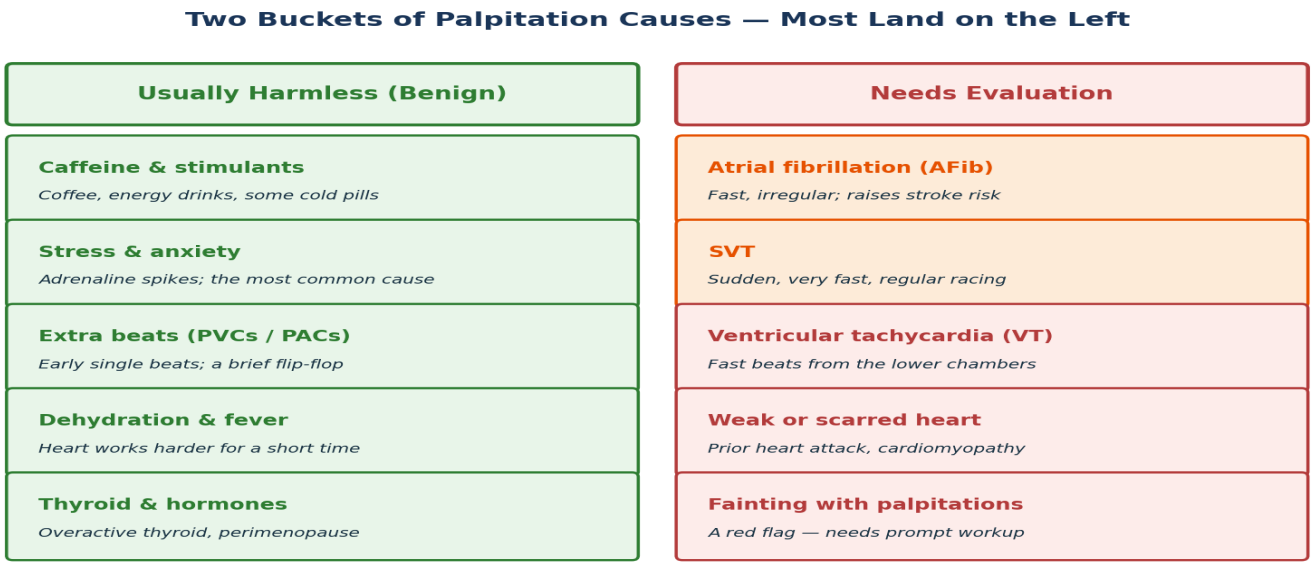
Names & Terms You Will Hear

Term	Meaning
Palpitations	Feeling your own heartbeat. It may race, pound, skip, or flutter. Palpitations are a symptom, not a diagnosis. Most causes are harmless.
Skipped beat / flip-flop	The feeling of an extra or early beat, then a pause. Usually caused by harmless extra beats (PVCs or PACs). The 'thud' you feel is the strong beat after the pause.
Racing heart (tachycardia)	A heart rate over 100 beats per minute. It can be normal with exercise or stress. Sudden, very fast racing at rest may be a rhythm problem like SVT.
Fluttering	A quick, soft, uneven feeling in the chest. Can come from extra beats or from atrial fibrillation.
Workup	The set of tests used to find the cause. It usually starts with an ECG, then a heart monitor and blood tests.
Ambulatory monitor	A small device worn at home that records your heartbeat for days or weeks. Holters, patches, event monitors, and loop recorders are all types. They catch rhythms a short office ECG can miss.

Call 911 — red flags. Palpitations with **fainting or near-fainting**, **chest pain or pressure**, or **severe shortness of breath**. A **fast heartbeat that will not slow down** on its own. Palpitations that start **during exercise or exertion**. These can signal a dangerous rhythm. Call 911 and do not drive yourself.

Palpitations?

- Palpitations mean you can feel your own heartbeat. It may feel like racing, pounding, skipping, or fluttering. They are very common and most causes are harmless.
- A normal heart beats 60 to 100 times a minute at rest. You usually do not feel it. Palpitations are when you suddenly notice it.
- The most common cause is an extra beat. These are called PVCs or PACs. They fire early, then the heart pauses and resets. That pause and strong reset beat is the 'skip' you feel.
- Many everyday things trigger palpitations. Caffeine, stress, poor sleep, alcohol, and dehydration are top triggers. So are fever, exercise, and some medicines.
- Some causes are not in the heart at all. An overactive thyroid, low blood count (anemia), and hormone shifts such as perimenopause can all cause palpitations.
- A smaller share of palpitations come from a real rhythm problem. Atrial fibrillation, SVT, and ventricular tachycardia are examples. Tests can tell these apart from harmless causes.



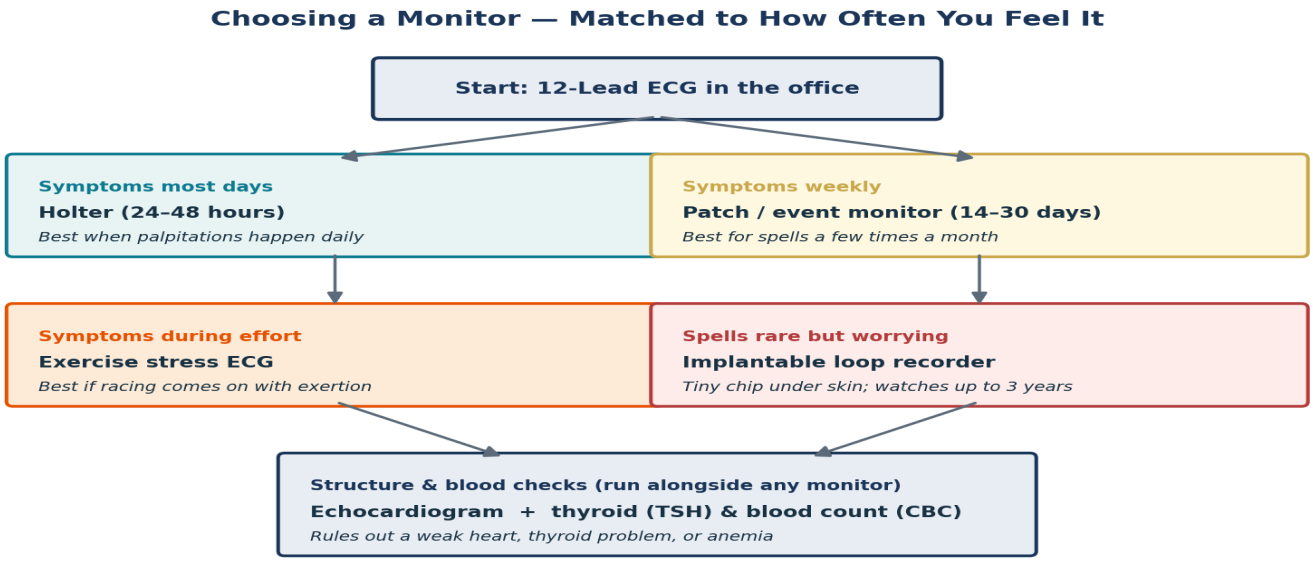
Two buckets of palpitation causes. Most palpitations land in the harmless (green) bucket — caffeine, stress, extra beats, dehydration, and thyroid or hormone changes. The right (red) bucket holds causes that need evaluation, such as atrial fibrillation, SVT, and ventricular tachycardia. The workup sorts which bucket your symptoms belong to.

Harmless Causes — the Big Green Bucket

- Caffeine and stimulants. Coffee, tea, energy drinks, and some cold or diet pills speed the heart. Cutting back often helps within days.
- Stress and anxiety. Adrenaline from stress is the most common cause in young, healthy adults. Slow breathing and good sleep help.
- Extra beats (PVCs and PACs). Single early beats cause a brief flip-flop or skip. They are very common and usually harmless in a normal heart.
- Dehydration, fever, and exercise. Each makes the heart beat faster for a short time. Symptoms settle once you recover or rest.
- Thyroid, anemia, and hormones. An overactive thyroid, a low blood count, perimenopause, and pregnancy can all cause palpitations. Blood tests check the first two.
- Some medicines. Decongestants, inhalers, thyroid pills, and some supplements can trigger palpitations. Bring a full list to your visit.

Why It Matters

- Palpitations are one of the most common reasons people see a cardiologist. The good news is that most cases are not dangerous.
- The job of the workup is simple: match what you feel to what your heart is actually doing. A monitor worn during a spell is the only sure way to know.
- A short office ECG lasts about 10 seconds. If your palpitations are not happening at that moment, it can look normal. That is why a take-home monitor is so useful.
- The right monitor depends on how often you feel symptoms. Daily symptoms suit a short Holter. Spells every few weeks suit a longer patch or event monitor. Rare but worrying spells may need a small implanted recorder.
- Finding a treatable cause early matters. Atrial fibrillation, for example, raises stroke risk and has clear treatment. A thyroid problem or anemia is easy to fix once found.



Choosing a monitor by how often you feel symptoms. Every workup starts with an office ECG. Daily symptoms suit a short Holter; weekly spells suit a 14–30 day patch or event monitor; rare but worrying spells may need an implantable loop recorder. An echo and blood tests run alongside any monitor.

Causes That Need Evaluation — the Red Bucket

- Atrial fibrillation (AFib). A fast, irregular rhythm from the upper chambers. It can come and go and may not be felt every time. It raises stroke risk and has clear treatment. See our AFib guide.
- SVT (supraventricular tachycardia). Sudden, very fast, regular racing that starts and stops abruptly. Often very uncomfortable but usually treatable, sometimes with a cure. See our SVT guide.
- Ventricular tachycardia (VT). Fast beats from the lower chambers. Less common but more serious, especially with a weak or scarred heart. Needs prompt evaluation.
- A weak or scarred heart. A prior heart attack or cardiomyopathy raises the risk that palpitations signal a real rhythm problem. These patients need closer attention.
- Palpitations with red-flag symptoms. Fainting, chest pain, severe breathlessness, or palpitations during exertion always move you into this bucket — call 911.

Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Caffeine and stimulants	Coffee, tea, energy drinks, and some cold or diet pills can trigger extra beats. Cutting back often helps within days.
Stress and anxiety	Stress raises adrenaline, which speeds the heart and triggers extra beats. This is the most common cause of palpitations in young, healthy adults.
Dehydration and fever	Both make the heart work harder and beat faster. Palpitations from these usually settle once you recover.
Alcohol and nicotine	Even moderate alcohol can trigger extra beats. Binge drinking can cause atrial fibrillation ('holiday heart'). Smoking and vaping raise heart rate.
Thyroid disease and anemia	An overactive thyroid speeds the heart. A low blood count (anemia) makes it beat faster to keep up. Simple blood tests check for both.
Hormone changes	Perimenopause, menstrual cycles, and pregnancy can all bring palpitations. These are usually harmless but worth mentioning to your doctor.
Some medicines	Decongestants, asthma inhalers, thyroid pills, and some supplements can cause palpitations. Tell your doctor everything you take, including over-the-counter items.
Heart rhythm or structural problems	Atrial fibrillation, SVT, and ventricular tachycardia are true rhythm problems. A weak or scarred heart raises the risk. These need testing and treatment.

Treatment Options

- Step 1 — Find the cause first. Palpitations are a symptom, so treatment depends on what the workup shows. Many people need only reassurance once a harmless cause is confirmed.
- Step 2 — Remove triggers. Cut caffeine, alcohol, and nicotine. Sleep well, stay hydrated, and manage stress. Many people see fewer palpitations within 2 to 4 weeks.
- Step 3 — Fix treatable medical causes. Treat an overactive thyroid, correct anemia, and review your medicines. Fixing these often stops the palpitations completely.
- Step 4 — Treat a rhythm problem if one is found. Atrial fibrillation, SVT, and frequent PVCs each have proven treatments. These range from medicines to a catheter ablation. See our linked guides for each condition.
- Step 5 — Manage anxiety-driven palpitations. If anxiety is the main driver, slow breathing, mindfulness, and talk therapy (CBT) help. Treating the anxiety often eases the palpitations.

Heart Monitors: How Long They Are Worn and What Each Is Best For

Monitor	How Long Worn	Best For
12-lead ECG	About 10 seconds in the office	First test; captures rhythm only if symptoms are happening then
Holter monitor	24 to 48 hours	Symptoms that happen most days
Patch / event monitor	14 to 30 days	Spells a few times a month
Implantable loop recorder	Up to about 3 years	Rare but worrying or unexplained spells (and fainting)
Echocardiogram (ultrasound)	About 30 to 45 minutes, once	Checking heart structure and pumping strength

Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Watchful waiting after a normal workup	No downside if the ECG, monitor, and echo are normal. Some people stay anxious about each beat. Reassurance and a clear plan help most.	No drugs and no procedures. Avoids over-testing. Most benign palpitations need nothing more than this.	Not enough if symptoms are frequent or distressing, or if a monitor finds a real rhythm problem. Move to targeted treatment if so.
Ambulatory monitor (Holter, patch, event, or loop)	Mild skin irritation from patches. No medical risk. A loop recorder needs a tiny under-skin insertion.	Catches the rhythm during your actual symptoms. Matches what you feel to what the heart does. Often gives the answer with no further testing.	A short monitor can miss rare spells. The device must be matched to how often symptoms occur. See the monitor ladder in this guide.
Treating an identified rhythm problem	Each treatment has its own risks. Medicines may have side effects. Ablation has a small procedure risk.	Targets the true cause. Can cure SVT and many PVCs. Lowers stroke risk in atrial fibrillation.	Only used once a specific rhythm is found. Not needed for harmless palpitations. Shared decisions with your cardiologist guide the choice.

Common Misconceptions

Myth	Reality
Palpitations always mean a heart problem.	Palpitations are a symptom, not a diagnosis. Common causes include caffeine, stress, dehydration, thyroid problems, and anemia — none of which are heart disease. Most palpitations are harmless.
A normal ECG means nothing is wrong.	A standard ECG records only about 10 seconds. If your palpitations are not happening at that moment, the ECG can look normal even when a rhythm problem exists. A take-home monitor catches what the short ECG misses.
I need the longest monitor to be safe.	The best monitor is matched to how often you feel symptoms — not the longest. Daily symptoms suit a short Holter; rare spells suit a longer device. Wearing the wrong one can miss the answer.
Feeling my heartbeat at night means danger.	Many people notice their heartbeat when lying still and quiet. This is usually normal awareness, not a rhythm problem. Red flags are fainting, chest pain, or breathlessness — not awareness alone.
Skipped beats will damage my heart.	Occasional extra beats (PVCs and PACs) in a normal heart do not cause damage. Only very frequent extra beats, over months, can weaken the heart — and that is checked with a monitor.
If it is not happening now, testing is pointless.	That is exactly when a take-home monitor helps. It records for days to weeks at home and captures the next spell. Keeping a symptom diary makes the results even more useful.

The 10-second trap. A normal office ECG does not rule out a rhythm problem — it only records about 10 seconds. If your palpitations are not happening at that exact moment, the tracing can look normal. That is why a take-home monitor, matched to how often you feel symptoms, is the key test.

Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Missed atrial fibrillation	AFib can come and go and may not be felt every time. Untreated, it raises the risk of stroke. This is a key reason to capture irregular palpitations on a monitor.
Untreated fast rhythms (SVT or VT)	SVT causes sudden, very fast racing and can be very uncomfortable. Ventricular tachycardia is less common but more serious. Both have effective treatments once identified.
Heart weakening from very frequent extra beats	When extra beats (PVCs) make up a large share of all beats for months, the heart muscle can weaken. A monitor measures this, and treatment usually reverses it.
Anxiety and reduced quality of life	Worry about each beat can grow into a cycle that triggers more palpitations. Some people limit activity or make repeat ER visits. A clear diagnosis and plan break the cycle.
Fainting-related injury	Rarely, palpitations come with fainting from a dangerous rhythm. A fall during a faint can cause injury. Fainting with palpitations is always a reason for prompt evaluation.

Points to Know

If you remember nothing else, remember these key points.

- Palpitations mean feeling your own heartbeat — racing, pounding, skipping, or fluttering. Most causes are harmless.
- Common harmless triggers: caffeine, stress, poor sleep, alcohol, dehydration, fever, exercise, thyroid changes, and some medicines.
- Causes that need attention include atrial fibrillation, SVT, and ventricular tachycardia. Tests tell these apart from harmless causes.
- The workup starts with a 12-lead ECG. Blood tests check the thyroid (TSH) and for anemia (CBC).
- The best take-home monitor is matched to how often you feel symptoms — Holter for daily, patch or event monitor for weekly, loop recorder for rare spells.
- Keep a simple symptom diary and learn to take your own pulse. Note the time, how fast it felt, regular or irregular, and how long it lasted.
- Call 911 for palpitations with fainting or near-fainting, chest pain, severe breathlessness, a sustained fast rate, or palpitations during exertion.

When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Call 911 right away: palpitations with fainting or near-fainting. Chest pain or pressure. Severe shortness of breath. A fast heartbeat that does not slow down on its own. Palpitations that start during exercise or exertion. Do not drive yourself to the ER.
- Call 911 if you have a weak heart, a prior heart attack, or a family history of sudden cardiac death, and you develop new or worsening palpitations.
- Call our office the same day: a new fast, irregular heartbeat that could be AFib. A first episode you have never felt before. An episode that lasted more than a few minutes.
- Call our office within 2 to 3 days: your monitor captured an episode. Symptoms are not improving with trigger changes. You want to review your monitor or blood-test results.
- Routine follow-up: discuss diary patterns. Review thyroid or blood-count results. Plan the right monitor if office testing was normal.

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How to Take Your Own Pulse and Keep a Symptom Diary

- Find your pulse at the wrist. Place two fingers (not your thumb) on the thumb side of your wrist. Press gently until you feel the beat.
- Count the rate. Count the beats for 30 seconds and multiply by 2. A resting rate of 60 to 100 is normal. Over 100 at rest is fast.
- Feel whether it is regular or irregular. A steady, even beat is regular. A jumbled, uneven beat may suggest AFib — note it for your doctor.
- Keep a simple symptom diary. Each time you feel palpitations, write the date and time, how fast it felt, regular or irregular, how long it lasted, and what you were doing.
- Note possible triggers. Record caffeine, alcohol, stress, poor sleep, and missed meals. Patterns often become clear within two weeks.
- Bring the diary to your visit. Pairing your diary with a take-home monitor gives the clearest answer about what your heart is doing during a spell.

Related guides from our practice. Skipped beats: PVCs and Palpitations guide. Irregular heartbeat: Atrial Fibrillation guide. Fast racing: SVT guide. Take-home monitors: Holter and Event Monitors guide. Recorder for rare spells: Implantable Loop Recorder guide.

Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- American Heart Association — Heart Palpitations - AHA patient resource on palpitations — causes, when to seek care, and lifestyle tips.
- Cleveland Clinic — Heart Palpitations - Cleveland Clinic plain-language guide on palpitation causes, workup, and red flags.
- Mayo Clinic — Heart Palpitations - Mayo Clinic overview of triggers, tests, and when palpitations need attention.
- NIH MedlinePlus — Heart Palpitations - National Library of Medicine consumer page on palpitation causes and evaluation.
- Heart Rhythm Society — Patient Resources - HRS patient guides on arrhythmia monitoring, SVT, AFib, and loop recorders.
- Holter and Event Monitors guide — RiasAliMD.com - Our practice guide on take-home heart monitors — which device, how it works, and what your results mean.
- Atrial Fibrillation guide — RiasAliMD.com - Our guide on AFib — the irregular fast rhythm that raises stroke risk and is a key target of the palpitation workup.

Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- AHA — Heart Palpitations *[Patient-Education]*
  What palpitations are and when they signal a problem
- AHA — Symptoms, Diagnosis & Monitoring of Arrhythmia *[Patient-Education]*
  How arrhythmias are diagnosed; ECG, Holter, event monitors explained
- Cleveland Clinic — Heart Palpitations *[Patient-Education]*
  Causes, workup, and red flags
- Cleveland Clinic — Holter Monitor *[Patient-Education]*
  How a Holter monitor works and what it captures
- Mayo Clinic — Heart Palpitations *[Patient-Education]*
  Triggers and diagnostic evaluation
- Mayo Clinic — Holter Monitor *[Patient-Education]*
  Holter vs event monitor durations and when each is used
- MedlinePlus — Heart Palpitations *[Patient-Education]*
  Plain-language symptom and workup overview
- AAFP — Palpitations: Evaluation in the Primary Care Setting *[Clinical-Reference]*
  Stepwise workup; ECG first, then ambulatory monitor choice by symptom frequency
- Palpitations: Evaluation and management by primary care practitioners (PMC) *[Clinical-Reference]*
  Diagnostic yield of Holter vs event/loop recorders by symptom frequency
- Heart Rhythm Society — Patient Resources *[Patient-Education]*
  Patient guides on arrhythmia monitoring, SVT, AFib, and loop recorders

About This Guide

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Version: 2026-08-16

Reviewer note: Reviewed against Cleveland Clinic, Mayo Clinic, AHA, and AAFP palpitation and arrhythmia-monitoring resources. This guide adds a heart-tracing cover strip, a benign-vs-needs-evaluation cause chart, a monitor-choice ladder matched to symptom frequency, a tinted monitor-types table, a take-your-own-pulse subsection, a symptom-diary subsection, and cross-links to the PVC, AFib, SVT, Holter, and loop-recorder guides from this practice.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.

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