

My Holter Diary

Hants Community Hospital

- Return this diary with the monitor, case, strap, and lead wires. Throw out all of the adhesive (sticky) electrodes and tape.

Return date: _____

Return to:

- › Cardiac Investigations
Hants Community Hospital

- **Attention: Please keep in mind equipment is very limited so returning it in a timely manner is very important. Thank you.**

If you have any questions, please call:

- › Phone: 902-792-2022
- › Hours: 8 a.m. to 4 p.m., Monday to Friday

Instructions

- **You have been scheduled for a Holter exam.** This is a recording of your heart, called an ECG/EKG (electrocardiogram).
- Holter differs from a resting ECG in that it is a continuous recording over a 24 to 48-hour period, while you go about your daily activities allowing your health care provider to see how your heart rhythm changes throughout the day and night.
- Once the recording is completed, the information is analyzed and a report is provided to your health care provider. They will use the information gathered from this test, along with your past medical history to make an informed diagnosis of your condition and provide the best possible care.
- We provide you with a patient diary that we ask you to keep track of your activities and symptoms (during the 24 to 48-hour period that you are wearing the device).

Symptoms might include:

- › Chest, arm, neck, or facial discomfort
- › Palpitations (heart racing, jumping, fluttering, or skipping)
- › Trouble breathing or shortness of breath
- › Dizziness
- › Feeling lightheaded or faint
- › Nausea (upset stomach)
- › Any other symptoms you feel may be important

Do:

- Carry on with your usual daily activities.
- Record all activities and symptoms, and the time when they happen.
- If a lead wire unsnaps or falls off, reattach it and write the time in your diary.
- Keep the monitor dry.

Do not:

- **Do not** get the recorder wet.
- **Do not** take a bath, shower, or swim. Take a sponge bath, if needed.
- **Do not** pull on the electrodes, leads, or tape.

All information will be kept private and confidential.

Name: _____

I.D. number: _____

☐ 24-hour Holter

☐ 48-hour Holter

Do you have a pacemaker?

☐ Yes

☐ No

Indication: _____

Medication(s): _____

Ordering doctor: _____

Family doctor: _____

Technician: _____

Recording start:

Date: _____ Time: _____

Sample diary:

Time	Symptom	Activity
9:30 a.m.	Dizzy	Walked to car
11:12 a.m.	Chest pain	Watching TV

Time	Symptom	Activity

Questions?

- › Phone: 902-792-2022
- › Hants Community Hospital
Cardiac Investigations

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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