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 this pamphlet and all our patient resources here:
https://library.nshealth.ca/Patients-Guides

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

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Patient & Family Guide
2025

My Holter Diary

Cobequid Community Health Centre

Date (day, month, year): _____

Time (24 hour): _____

Return to:
Holter Clinic
Cobequid Community Health Centre
by: _____

If you have any questions, please call:
- Phone: 902-869-6546

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

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Notes:

Notes:

My Holter Diary

My details

All information will be kept private and confidential.

Name: _____

ID number: _____

Do you have a pacemaker?

☐ Yes ☐ No

Ordering doctor:

_____

Recording start

Date: _____

Time: _____

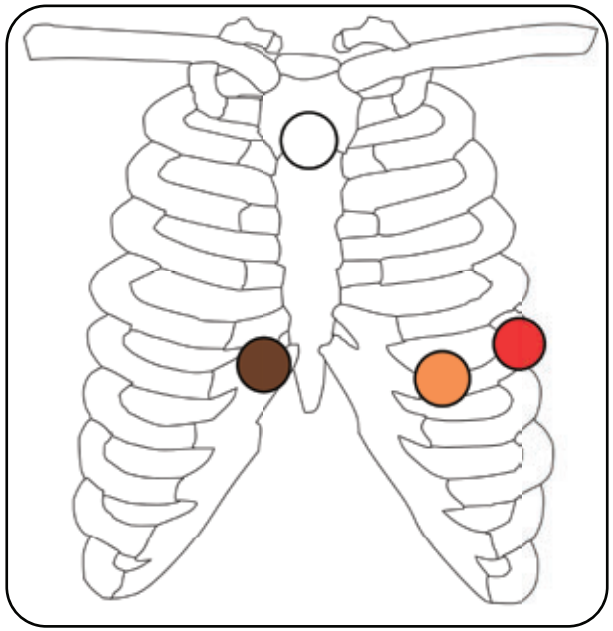
Medication(s):

_____

Instructions

- **You have been scheduled for a Holter exam.** This is a recording of your heart, called an ECG/EKG (electrocardiogram).

Holter monitor



- Different-coloured electrodes (shown in the image above) will be attached to your chest.
- These electrodes are attached to the Holter monitor by wires.
- Keep the electrodes in place for the entire time you are having the test. To get the best results, write down any symptoms you have as you do your daily activities (see page 5).
- For each symptom, write down what you were doing at the time.

Day 3:

Date: _____

Time	Symptom	Activity

Day 2:

Date: _____

Time	Symptom	Activity

Symptoms may include:

- Chest, arm, or neck pain
- Trouble breathing
- Your heart beats fast, pounds, or skips a beat
- You feel dizzy, lightheaded, or faint
- Nausea (feeling sick to your stomach)

Activities may include:

- Going to bed and/or waking up
- Starting and stopping exercise (like walking, running, or cycling)
- Taking medication

Important

If your symptom is severe (very bad), go to your nearest Emergency Department or call 911 right away.

- The recorder cannot help you. It will **not** call a health care provider.

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 bathe, if needed.
- **Do not** pull-on electrodes, leads, or tapes.
- **Do not** use scissors or sharp tools to take off the gauze or tape.

Sample diary:

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

Day 1:

Date: _____ Holter start time: _____

Time	Symptom	Activity