

5-Lead Holter Monitoring

General Information

This test records your heart activity over 24 hours while you go about your normal daily activities.

On the Day of the Test

- Shower before your appointment.
- Do not use powder or body lotion on your chest.
- Chest hair must be removed.
- Wear loose clothing that is easy to remove from the waist up.
- Wear wireless bra.
- Allow about 15 minutes for the monitor to be fitted.

Procedure

Important: Do not drop the monitor, get it wet or expose it to electrical fields (e.g. welders). Keep it in its pouch. Do not bathe or shower during the 24-hour test, as water will damage the device. *Any negligent or accidental damage to the monitor may result in the cost of repair being charged to the patient.*

- The monitor will record continuously for 24 hours. Do not interfere with the device.
- Leave the electrodes in place during the test. Should the electrodes dislodge during the 24 hours, please note the time of the event in your diary on the next page. When you return to the collection centre the following day, please discuss this with the staff to check if the monitor requires refitting. This may result in a further 24-hour recording.
- If you have symptoms (e.g. chest pain, shortness of breath, palpitations, dizziness), press the event button at the top of the monitor. Stay still and breathe normally.
- Write down the event in your diary on the next page. Note the time, the symptoms and what you were doing (for example, were you sitting, running, taking medications or climbing stairs, etc.).
- The monitor is programmed to detect abnormal heartbeats and may record events even if you have not pressed the button.
- Please do not remove the monitor or the electrodes for the duration of the test. The collection staff will remove for you when you return to the collection centre.

Continued

After the Test

At the end of the test, return the Holter monitor, including the pouch and neck strap/waistband, to the Clinical Labs collection centre where it was fitted.

OFFICE USE ONLY: Holter SD Card #.....

Patient Details

Patient Name: _____

Date of Birth: / / Sex:

Test Start Date: **Start Time:** **Finish Time:**

Pacemaker: ☐ Yes ☐ No

[illegible]