

# My Holter Diary

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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*Designed by:* Nova Scotia Health Library Services

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To be reviewed January 2028 or sooner, if needed.

Date (day, month, year): \_\_\_\_\_

Time (24 hour): \_\_\_\_\_

Return to:

**Medical Surgical Unit  
Bayers Lake Community Outpatient Centre**  
by: \_\_\_\_\_

**If you have any questions, please call:**

> Phone: 902-876-6546

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



Notes:

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# 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:

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### Recording start

Date: \_\_\_\_\_

Time: \_\_\_\_\_

### Medication(s):

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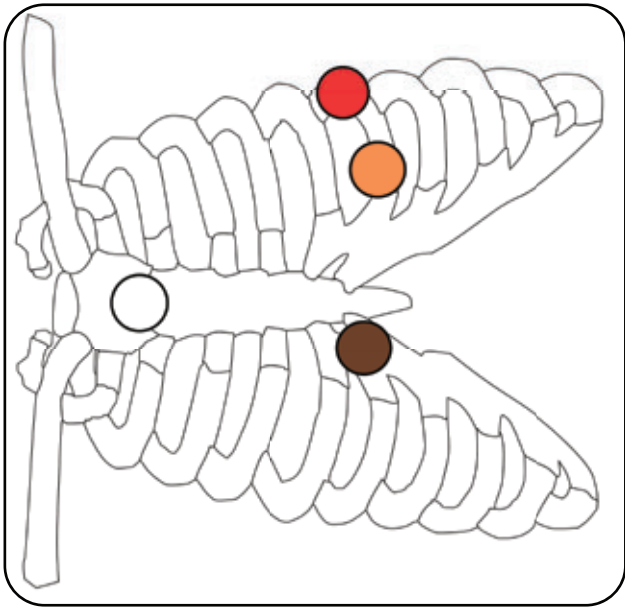


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### Instructions

- 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 diagram 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 7:

Date: \_\_\_\_\_

Time	Symptom	Activity

## Day 6:

Date: \_\_\_\_\_

Time	Symptom	Activity

### Symptoms may include:

- > Chest, arm, or neck pain
- > Trouble breathing
- > Your heart beats quickly, 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, 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 an electric blanket.
- **Do not** disconnect or take off the recorder yourself, unless your health care provider has told you to do so. Your health care team will disconnect the recorder when you return it.
- **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 5:**

Date: \_\_\_\_\_

Time	Symptom	Activity

**Day 4:**

Date: \_\_\_\_\_

Time	Symptom	Activity

**Day 1:**

Date: \_\_\_\_\_ Holter start time: \_\_\_\_\_

Time	Symptom	Activity

**Day 2:**

Date: \_\_\_\_\_

Time	Symptom	Activity

**Day 3:**

Date: \_\_\_\_\_

Time	Symptom	Activity