



Oconee Memorial Hospital

Holter Diary

Instructions

Your physician has prescribed a Holter electrocardiogram to record the activity of your heart during your normal daily routine. You will wear a recorder for the prescribed period of time that will log every heartbeat.

This diary is provided so that you can make notations of your activities and symptoms and the times of occurrences. This information will be very helpful to your physician when he or she reviews your tape.

Please record the following:

- Time of day
- Activity (make sure to write down anything unusual that may occur)
- Symptoms (write down how you felt when the activity took place—i.e., chest pains, pounding heart, shortness of breath, etc.)

Additional Instructions:

- Do not use a microwave unless you put food in and walk away
- Do not take a bath or a shower: You may sponge off, but do not get the recorder wet
- Do not use baby powder or any other talcum powder while wearing the monitor
- Do not use a hair dryer, power tools or an electric blanket

Press the button when ...

- Having symptoms such as chest pain, nausea, shortness of breath, dizziness, etc.
- Doing any sort of activity that would increase your heart rate

Return Appointment

Date: _____

Time: _____

Cardiology Services: (864) 885-7134

Holter Monitor Patient Diary

Patient Name: _____

ID No.: _____

Address: _____

Phone #: _____

Sex: _____ Age: _____

24 Hr. 48 Hr. 1 Ch. 2 Ch. 3 Ch.

Recorder Type: _____

Serial #: _____

Date Started: Time: _____

Date Stopped: Time: _____

Pacemaker: yes no

Medications: _____

Physician: _____

Other: _____
