

What is a 24-hour Holter?

A 24-hour Holter is a test that is used on a patient when the doctor is concerned about some type of abnormal heartbeat. It can be more useful than a regular 12 lead EKG because it allows us to see every heart beat during a 24-hour period. With this we can see how the heart is doing during sleep, quiet activity and exercise. The Holter recorder has a clock built in to it in the upper right corner of the device. When a 24-hour Holter device is placed on a patient we also provide the patient and family with a diary. Please record the time of all symptoms (i.e.. chest pain, dizziness, fainting, palpitations), exercise/high activity, sleep and medications taken. This is very useful because the doctors then can go back at the recording and see exactly what the heart was doing at that specific time.

The Holter recorders used at **Carson and Appleton, M.D.** are specifically designed for children. They are smaller and lighter than the usual recorders found at hospitals and most cardiologists offices. This is because they utilize a computer chip to make the actual recording. This requires a single AA battery. **A fresh battery is good for about 30 hours.** If the battery fails then the recorder stops recording. This is why we require that they be brought back to the office the next day for processing. It is **important not to attempt to remove or loosen the battery while the recording is being made. The battery is to be removed just before the holter is removed from the patient.**

Because the Holter recorder is lightweight we expect that it can be worn with exercise. However, **it must never get wet or be submerged** in water, as this will damage the electronics of the device. This means no swimming, bathing or showering. You can wash up with a damp washcloth and soap. Remember do not get the patches, electrodes or recorder wet.

If one of the leads come off the patient it is best to try to reattach it if possible. **Do not attempt to remove the wires from the recorder as this can damage it.**

Please call the office with any questions.

I have read and understand the above explanation of 24 hour Holters.

Patient Name _____ Date _____

Parent Signature _____ D.O.B. _____

Serial Number _____