



Holter Monitor

McMaster University Medical Centre

You need to have a Holter monitor. You will receive one on loan from McMaster University Medical Centre.

Return the Holter monitor

Date: _____ Time: _____

If you have questions, call the Holter Lab: 905-521-2100, ext. 76234

What is a Holter monitor?

It is a small tape recorder that records electrocardiograms for 24 or 48 hours.

Why did my doctor order a Holter monitor?

In general, a Holter monitor records the electrical activity of your heart and any changes that may happen while you are wearing it. There are many reasons to wear a Holter monitor. Ask your doctor for your specific reason.

Will the Holter monitor be uncomfortable to wear?

You will have wires or leads taped to your chest which may cause you to feel itchy if you sweat.

**Hamilton Health Sciences
McMaster University Medical Centre
Medical Diagnostic Unit
Electrocardiogram(ECG)/Holter Lab
905-521-2100, ext. 76234**

What activities can I do while wearing a Holter monitor?

- Do not rub or scratch the wires as it may cause the monitor to stop working.
- Do not shower, bathe or go swimming while wearing the monitor as water can damage it.
- Continue with your normal activities – this will help to show us how your heart reacts to exercise.

What are my responsibilities while wearing the Holter monitor?

The Holter monitor you have on loan is very expensive. We ask you to treat it with care and caution.

You are responsible for:

- Bringing it back on the return date. Another patient will be waiting to use it.
- Keeping a diary of your daily activities, medications and any symptoms you might have while wearing the monitor. The technician who puts the monitor on you will give you a copy of the diary and review it with you.

If you do not bring the Holter monitor back on time, the recorded information stored in the monitor will be deleted.



**Holter Monitor Return
Agreement Form
- McMaster University Medical Centre**

Please sign:

I agree to be responsible for this Holter monitor while it is in my possession and promise to return it on the return date and time.

Signature of
Patient/Parent/Guardian: _____

Print Name of
Patient/Parent/Guardian: _____ Phone _____

Signature of
Technician: _____

Print Name of
Technician: _____ Date _____

**Return date of
Holter monitor: _____ Time _____**