



**CARDIOLOGY LABORATORY
HOLTER MONITOR
REQUISITION**

Date: _____

PATIENT INFORMATION:

_____ Male Female
SURNAME FIRST NAME
DOB (mm/dd/yyyy) : _____ PHN: _____
Attending MD: _____
PHONE: _____
HOME CELL WORK
 MSP WSBC ICBC Other: _____
Hospital MRN: _____
LANGUAGE: English Other: (specify) _____
 Patient will bring interpreter Interpreter to be booked

ST PAUL'S HOSPITAL 1081 Burrard Street, Vancouver
 Main Lab: Room 2450, Providence Wing
Phone: 604-806-8032 Fax: 604-806-9053
Monday-Friday: 0800-1600
 Satellite Lab: Room 483, Burrard Building
Phone: 604-682-2344 ext 69923 Fax: 604-806-9927
Monday-Friday: 0800-1600
 MOUNT SAINT JOSEPH HOSPITAL
3080 Prince Edward Street, Vancouver
3rd Floor, Room 326
Phone: 604-877-8190 Fax: 604-877-8199
Monday-Friday: 0800-1600
APPOINTMENT DATE: _____ **TIME:** _____

All sections of this requisition must be completed, including the medication list, relevant history and pacemaker/ICD information, before an appointment will be booked. Incomplete requisitions will be returned.

24-HOUR HOLTER MONITOR Continuous 24 hour recording

LIST CARDIAC MEDICATIONS: None

KING OF HEARTS EVENT MONITOR (St. Paul's Hospital only)
Loop recorder for patients with intermittent symptoms not occurring on a daily basis. Patients are loaded the recorder for a 2-week period.

TEST INDICATION:

- Syncope/Presyncope
- Palpitations
- SVT
- Atrial Fibrillation/Flutter
- Ventricular Tachycardia
- ST Analysis
- Pacemaker dysfunction

RELEVANT HISTORY: _____

DOES THE PATIENT HAVE:

- Pacemaker: No Yes If yes to either: Single Chamber Atrial paced Ventricular paced
ICD: No Yes Double chamber Biventricular
Program mode: _____ Lower rate: _____ Upper rate: _____

REFERRING STAFF PHYSICIAN (NOT RESIDENT/FELLOW):

Printed name _____ Signature _____ Billing No _____
Contact No. (cell or pager) _____ Fax No. _____
Additional copy of report to _____ Fax No. _____

CARDIOLOGY LABORATORY

24-HOUR HOLTER MONITOR

PURPOSE OF THE TEST IS TO CHECK:

- the heart rate (number of beats per minutes).
- the regularity of the beats (the heart rhythm)
- for abnormal heart rhythms
- for any reduced blood supply to the heart.
- the effects of drugs or devices such as a pacemaker.

DESCRIPTION OF THE TEST

- The skin is cleaned with alcohol, lightly sanded, and, if necessary the hair is shaved before a number of electrodes (adhesive patches) are placed on your chest.
- The electrodes are connected to the recorder, which is about the size of a deck of cards. The holter recorder is placed in a small pouch and is worn with a belt around the waist or on a shoulder strap.
- Your clothes are put on over the device.
- The device is worn for 24 hours and during that time you will be asked to do your normal activities and record your activities and symptoms in the diary supplied.
- While the monitor is on you **MUST NOT** adjust the recorder, sensors, cables or tapes, shower, bathe or swim.

A detailed description of the test can be obtained by visiting the following web site:

http://www.heartcentre.ca/tests_holter.asp

HOW LONG DOES THE TEST TAKE?

- Allow one hour for the monitor to be put on.
- You will need to return to the Cardiology Lab 24 hours later to have the monitor removed. Removal will take about ½ hour, but allow 2 hours for parking in case of delay.

WHAT PREPARATION IS REQUIRED?

- Have a bath or shower the morning of the test.
- Do not put lotions or powders on your skin.
- Wear a loose fitting blouse or shirt that buttons down the front.
- Women should wear a comfortable bra; no long-line or full slips.
- If you do not speak English, try to bring an interpreter who speaks fluent English.

WHAT HAPPENS AFTER THE TEST?

Some people may develop a slight rash where the electrodes were placed.

KING OF HEARTS EVENT MONITOR Monitor is worn every day for a 2-week period.

PURPOSE OF THE TEST IS TO CHECK:

- For abnormal heart rhythms while you are experiencing symptoms

DESCRIPTION OF THE TEST

This test is similar to the Holter Monitor test described above, with the following exceptions:

- The event monitor is worn every day for a 2-week period.
- You will be taught how to remove and replace the electrodes with new ones each day.
A supply of electrodes will be given to you to take home.
- You will be taught how to record your rhythm when you are having symptoms (e.g. Palpitations).
- You will be taught how to transfer the recording to the hospital so that hospital staff can compare the rhythm received to the time when you are experiencing symptoms.