

How to apply myPatch®sl for adult patients

STEP 1 Prepare the skin

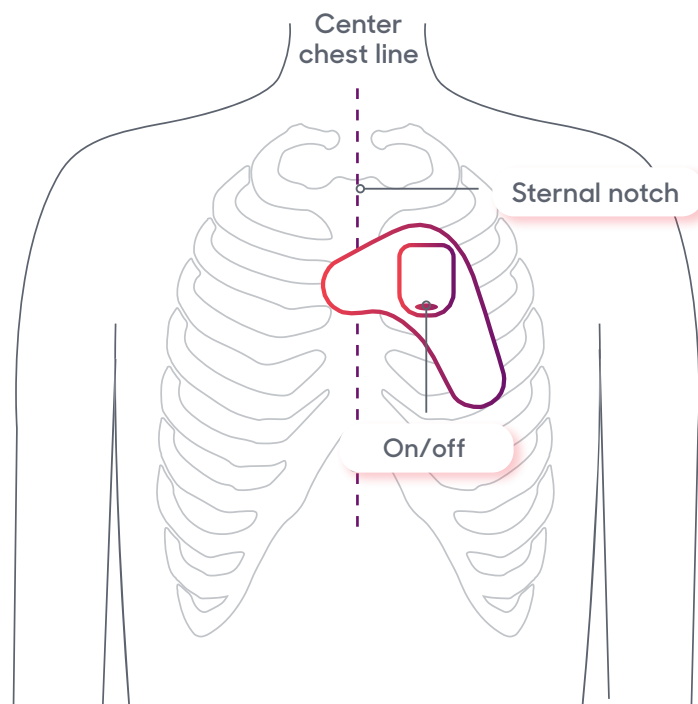
Remove any chest hair then clean the area with the prep pads. Allow skin to dry.

STEP 2 Prepare the device

- Remove the electrode Patch from the pouch (keep pouch)
- Press the myPatch®sl recorder onto the four metal snaps on the electrode patch.
- Hold the power button down – a green light will flash for 30 secs while the device starts up

STEP 3 Apply myPatch®sl

Peel the plastic cover off the back of the myPatch®sl electrode and place on the body as shown. Smooth out all edges of the electrode, ensuring there are no creases or folds.



Recording events and symptoms

Patients feeling symptoms such as dizziness or heart flutters, should double tap myPatch®sl to mark the event. A blue light comes on briefly to indicate the event has been captured.

**Any questions or concerns during your test,
please contact:**

T: +1-800-267-5248

E: info@cardiacmonitoringservice.com

Watch "How to apply adult myPatch®sl" video

Online resource library

Watch easy-to-follow video instructions or download these factsheets again by visiting our online resource library.

**[cardiacmonitoringservice.com/
resources/mypatch/](https://cardiacmonitoringservice.com/resources/mypatch/)**

Symptom diary information

Your doctor has chosen to provide you with the latest cardiac monitoring technology and highest standards of patient care, using a myPatch®sl Holter. The lightweight, waterproof device allows you to continue with your regular daily activities, while recording your heart beat continuously for the entire test.

Using your Patient Symptom Diary

myPatch®sl allows you to indicate if you experience any mild symptoms, such as dizziness.

Firmly and quickly double-tap the device. A blue light will come on to show the event has been marked on your test. **(Do NOT press the button as it will stop your test)**

Then, record your symptoms on the Symptom Diary overleaf to capture the specific symptoms you experienced.

Getting started

Please read the Patient Instructions in your myPatch®sl Patient Kit before applying the device.

We advise that you

- Wear loose fitting clothes
- Take any medications as normal unless advised otherwise
- Continue with typical daily activities, including showers and exercise
- Remember to mark the time & date of your fitting on the top of your symptom diary.

**Any questions or concerns during your test,
please contact:**



Cardiac Monitoring
Service

T: +1-800-267-5248

E: info@cardiacmonitoringservice.com

In case of a medical
emergency, please contact the
emergency services on **911**

myPatch®sl

Holter test

Patient information

Your doctor has chosen to provide you with the latest cardiac monitoring technology and highest standards of patient care, using a myPatch®sl Holter. The lightweight, waterproof device allows you to continue with your regular daily activities, while recording your heart beat continuously for the entire test.

At your appointment

We will apply the adhesive myPatch®sl device, which usually takes about 30 seconds and is completely painless. Patients being fitted for 3-channel recording will also have a small lead wire and dot electrode positioned at the ribs.

During your test

Continue with your daily routines as normal, including exercise and showers, and wear the device for the length of time requested by your consultant. Then, return the device at the end of the test.

We advise that you

- Wear loose fitting clothes
- Take any medications as normal unless advised otherwise
- Continue with typical daily activities, including showers and exercise
- Remember to mark the time & date of your fitting on the top of your symptom diary.

What to do if you experience symptoms

myPatch®sl allows you to indicate if you experience any mild symptoms, such as dizziness.

Firmly and quickly double-tap the device. A blue light will come on to show the event has been marked on your test. **(Do NOT press the button as it will stop your test)**

Then, record your symptoms on the Symptom Diary overleaf to capture the specific symptoms you experienced.

Patient details

Patient Name:

Patient ID:

Date of Birth:

Length of Test:

Time & Date Fitted:

Time & Date Removed:

Symptom Diary

Remember to record any specific symptoms you have during your test. Please return this diary with your monitor as instructed, even if no event has been recorded.

[illegible]

Patient feedback form

As a patient recently fitted with the latest generation Holter from Cardiac Monitoring Service, we would love to hear more about your experience to further improve our services.

Date of visit:

/ /

Are you aged 18 or over?

☒ Yes

☐ No

Have you had a Holter monitor fitted previously?

☒ Yes

☐ No

If so, which Holter did you prefer?

☒ CMS Holter

☐ Previous Holter

☐ Neither

Please tick the relevant box

1
Poor

2

3

4

5
Very good

a. Comfort of the Holter

b. Ease of double tapping to mark symptoms

c. Ability to get on with daily activities/normal routine whilst wearing the monitor

d. Waterproof aspect of the monitor i.e. ability to shower

e. Patient instructions / information

Overall experience

Please add any further comments in relation to your visit