

UW HEALTH HEART STATION

Monitoring/recording devices can help determine what may be causing symptoms such as palpitations, dizziness or fainting spells. Devices offered are listed below with information to help providers choose the most appropriate device. All monitoring device interpretations are done by UW Health cardiovascular faculty readers. Questions? Call **(608) 263-6609** between 6 am and 11 pm. To view this chart online visit uwhealth.org/heartstation.

Type	Description	Principal Use	Advantages	Disadvantages
Holter Multiple leads	<ul style="list-style-type: none"> • 24–48-hour recording • Analyzed by UWHC Heart Station Holter Scanners to provide rapid turnaround time 	Assess acute and non-acute atrial and ventricular arrhythmias, pauses	<ul style="list-style-type: none"> • Continuous recording • Multiple ECG leads • Scanned by Heart Station staff (up to 2-day turnaround) • Device owned by UWHC 	<ul style="list-style-type: none"> • Patient wears multiple electrodes and adhesive tape • Wires usually visible • Electrodes/monitor can't get wet • 24–48-hour recording time may miss infrequent arrhythmias • In shorter supply: pre-scheduling is strongly encouraged. Same day add-ons try to be honored.
Ziopatch Single lead Outside vendor	<ul style="list-style-type: none"> • Up to 14-day recording 	Non-acute atrial and/or ventricular arrhythmias, and pauses (not recommended as initial evaluation for potentially life-threatening arrhythmias because of long turn around time)	<ul style="list-style-type: none"> • Continuous recording • Wear under clothes, like a small bandage • Patient may shower/bathe (no swimming) 	<ul style="list-style-type: none"> • Single lead with low ECG amplitude (atrial activity difficult to see) • Patch can fall off; is difficult to re-apply • Takes up to 3 weeks for results • UW Health does not receive the full report (no full disclosure ECG data) • Medicare covers; many payers do not; recommend Prior Auth. CPT code 0296T
Event–Wireless Continuous Recorder Single lead (Saves selected 1-minute strips) Outside vendor (Saves patient-triggered 1-minute strips)	<ul style="list-style-type: none"> • Patient wears electrodes and carries device on belt up to 30 days • Patient-activated or can be programmed to auto-trigger mode to record specific arrhythmias • Once activated, device backs up to 45 seconds prior to activation • Recordings transmitted to outside vendor • Can record and store symptomatic events and/or asymptomatic arrhythmias or pauses 	Records symptomatic events and/or various arrhythmias	<ul style="list-style-type: none"> • Built-in cell phone capabilities; if cell tower within range, it will transmit right after event is recorded • Simple to use • Can be used for transient symptoms • Patients can shower, but need to remove and re-attach the monitor 	<ul style="list-style-type: none"> • Needs mobile cellphone access • In shorter supply than other monitors—same-day placement not always possible • Need to wear electrodes wires • Takes up to 5–6 weeks for results • Auto-trigger mode normally not recommended. May result in large number of transmissions over short time periods in patients without symptoms.
Event–Discontinuous Recorder Single lead Outside vendor Device capable of transmission after recording (Saves patient-triggered 1-minute strips)	<ul style="list-style-type: none"> • Hand-held event recorder • Patient holds recorder on chest and initiates 1-minute recording • Patient carries up to 30 days 	Records symptomatic events that last long enough for patient to use for 1 minute	<ul style="list-style-type: none"> • Simple to use, no electrodes or wires • “Critical” preliminary results soon after patient transmission • Useful for patients with infrequent or frequent symptoms that last long enough for device use 	<ul style="list-style-type: none"> • Episode has to last long enough for patient to use device • Patient must remember to carry device and activate it properly • Needs a landline phone to transmit (cell phone results in poor quality signal) • Takes up to 5–6 weeks for results

Updated April 2018