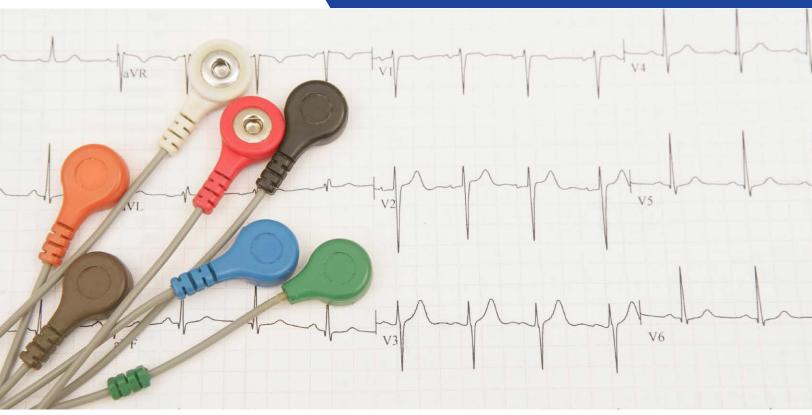


## **Holter Kits**









#### **HOLTER KITS**

Vermed Holter Kits are intended for use in conjunction with a portable holter monitor\*, typically worn for 24-48 hours to detect irregularities in your heart rhythm that a standard electrocardiogram could not detect.

\*Portable holter monitor not included

## Holter Kits come with one of the following electrodes:

• A10097

#### VersaTrode™ Leadlocking Electrodes

Wet gel provides quick reading and stabilization. Save time and money by not having to tape down lead wires or replace displaced electrodes. Wire restraint electrodes safely secure lead wires preventing artifact associated with movement.

A10072

#### **PerformancePlus™ Leadlocking Electrodes**

Specially designed electrode shape helps correct placement. Aggressive adhesive keeps the electrode on patient during daily activity. Save time and money by not having to tape down lead wires or replace displaced electrodes.

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Patient Monitoring & Medical Surgical Consumables





# **Holter Kits**

All Holter Kits contain your choice of electrodes and batteries as well as standard skin prep supplies and a patient diary.

				8		
PART #	ELECTRODES	BATTERY	SCRUBBIE	ALCOHOL PAD	RAZOR	DIARY
6503034V	<b>5</b> A10072-5NB	AA	<b>/</b>	$\checkmark$	$\checkmark$	<b>1</b>
6503035V	<b>7</b> A10072-7NB	AA	<b>1</b>	<b>/</b>	$\checkmark$	<b>1</b>
6503036V	<b>5</b> A10097-5NB	AA	<b>/</b>	<b>✓</b>	$\checkmark$	<b>1</b>
6503037V	<b>7</b> A10097-7NB	AA	<b>√</b>	<b>✓</b>	<b>√</b>	<b>1</b>
6503039V	<b>5</b> A10072-5NB	AAA	<b>√</b>	<b>✓</b>	<b>√</b>	<b>1</b>
6503040V	<b>7</b> A10072-7NB	AAA	<b>/</b>	<b>✓</b>	<b>✓</b>	<b>1</b>
6503041V	<b>5</b> A10097-5NB	AAA	<b>/</b>	<b>✓</b>	<b>√</b>	<b>1</b>
6503042V	<b>7</b> A10097-7NB	AAA	<b>1</b>	<b>/</b>	<b>√</b>	

## WHAT'S IN A KIT?

SELECT ONE A10072 Performance Plus LeadLocking Electrode

OR

A10097

VersaTrode LeadLocking Electrode

A10072



Foam | Wet Gel

A10072

A10097



Foam | Wet Gel

A10097

ABRASIVE PREP PAD



PREP RAZOR



ALCOHOL PREP PAD





	Patient Dias (Type) Electrocardio	
for Holte		
Hospital:	Off	ice:
Room #:	=	
Start Date:		
Start Time:		
Patient name:		
Address:		
Phone:		ID No.:
DOB:/_/_	Age:	Sex:
Indications: Recorder Type:		
Serial No.:		
	( ) 24 hr. ( )	
( )1 Chan	( )2 Chan ( )	3 Chan
Pacemaker:	Yes:	No:
Medications	Routine	Dosage
		and the same of th
Physician:		
Technician:		
Test Strip: Standing (	Sitting ( ) Lying C	lown ()
If questions arise durin	g this test, you may	call:
	VMK010-2 R	500.4