
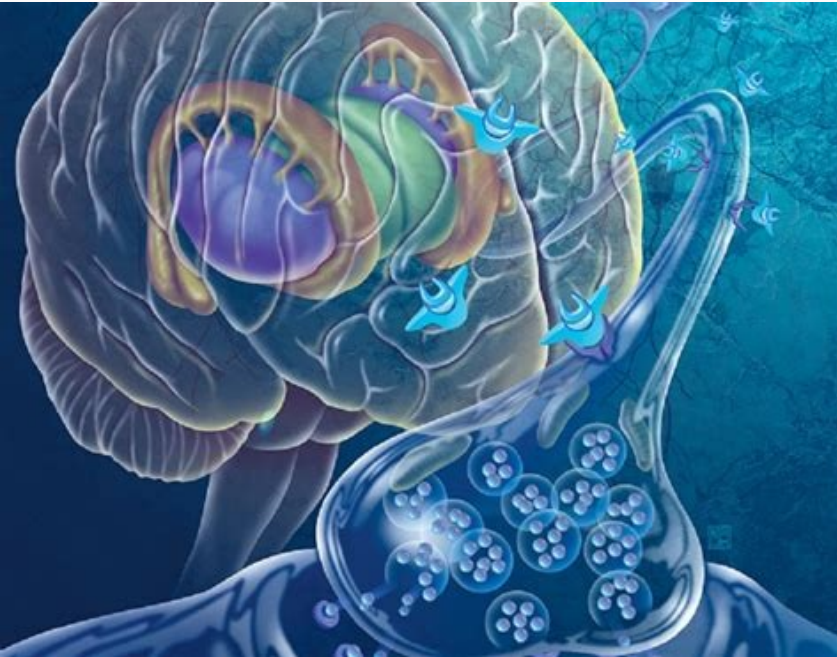


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HOLTER MONITOR DIARY



While you are being monitored by a Holter monitor, it's important to keep an accurate diary of your activities and symptoms during the test. If you feel symptoms such as chest pain, shortness of breath, uneven heartbeats or dizziness, note in your diary the time of day they began and what you were doing. Your diary will be compared to the changes in your ECG recorded by the Holter monitor.

Remember that your doctor needs a complete picture of your activities. If in doubt, write it down. Use the following diary to record all of your daily activities:

- **Time of day** – Write the time of day for every activity or symptom that you write in the diary.
- **Your activities** – Sitting, walking, strenuous exercise, eating, sexual activity, taking medications, etc.
- **Your symptoms** – Chest pain, back pain, dizziness, nausea, other pain – whether or not you feel they are important.

DATE	TIME	ACTMITY	SYMPTOMS







negative hemocultives and do not have a high risk of complications (i.e., they are not young and do not have a fungal pathogen) (Class IIb; Level of evidence C). It is important to take into account the medical plan. It is part of the plan that frequent supervision at home by a home health nurse who evaluates well-being, adherence to pharmacological therapy, absence of complications and absence of pharmacological toxicity. It is reasonable for such a rule to include immediate (minutes to hours) access to medical and surgical care and heart follow-up in case of complications (Class IIa; Level of Evidence C). Additional hemocultives may be considered after completing the antibiotic treatment, but they may also result in the isolation of a contaminant (Clase IIb; Level of Evidence C).108Some members of the group writing questioned whether it has value to take hemocultives after completing the treatment, unless there is evidence of return ofsymptoms.IE streptococci in native heart valves (without prosthetic material) or prosthetic materialNative heart valvesThis has been the most commonof IE in children for decades; some recent reports show that staphylococcal IE surpasses streptococci as the most common organism. 24,110,111 The streptococococci of penicillin is the one that has a MIC of  $\leq 0.1$  IU/4g of penicillin per milliliter. In patients with EI caused by penicillin-susceptible streptococci who are able to tolerate an  $\beta$ -lactam antibiotic, 2 therapeutic regimens are associated with high cure rates (Table 7) and include penicillin G and ceftriaxone. A 4-week regimen of intravenous aqueous crystalline penicillin G (or ampicillin if penicillin G is not available) achieves a high rate of cure. 112 This approach avoids aminoglycoside-containing regimens for children with renal impairment, nephritis drugs, Concurrently administered toxins, or eighth cranial nerve deterioration. In adult patients, 4 weeks of once-a-day ceftriaxone therapy is also a recommended approach.2 In adults, a 4-week course of ceftriaxone therapy has a bacteriological cure rate of 98%113, but only limited and retrospective data have been published on the use of ceftriaxone in the treatment of cancer. IE in children. The advantage of using ceftriaxone is that children initially treated for IE at the hospital can be transferred to intravenous therapy at home with an antibiotic that only requires one daily infusion. Although home treatment for part of the antibiotic course seems to be becoming a more widely used option, this decision is reasonable, but requires careful selection of the right candidate based on family accommodations and access to home-based health care providers. 10,11,24A The 2-week course of therapy with penicillin, ampicillin or ceftriaxone combined with an aminoglycoside has become increasingly popular and results in bacteriological cure rates of up to 98% in adults. 114 This regimen is commonly used for non-adult patients. EI native valve, but it is not recommended for patients who have had clinical symptoms of endocarditis for 3 months or those with extracardiac extracardioc infection, an intracardiac abscess, or a microgic aneurysm. It is not recommended by this child committee due to lack of data, and should be used with caution in people with the highest risk of adverse events caused by

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