

**McLaren Print System Order**

**Order No: 48028 Reprint Previous Order No: 6599**  
**Order Date: 2019-08-26**  
**User: Jessica Smith**  
**Phone: 989-773-1166**

**Ship Location: McLaren Central ReadyCare/ attn: Jessica**  
**1523 S. Mission St.**  
**Mt. Pleasant , Mi 48858**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 75400**  
**Dept Name: Central ReadyCare**  
**Company Number: 810**

**Order Total Price: 94.75**

**Item Number: MM-34488-D**  
**Item Description: McLaren Occupational Health/Convenient Care Center Patient Discharge Instructions**  
**Revision Date: 1/2018**  
**Print: 1 sided black and white**  
**Paper: 3 Part (White, Yellow, Pink)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish:**  
**Drill: None**  
**Misc Info:**

**MCLAREN OCCUPATIONAL HEALTH/CONVENIENT CARE CENTER**  
**PATIENT DISCHARGE INSTRUCTIONS**

Please Print Name: \_\_\_\_\_

Address: 12121 W. Main St., Jackson, MI 49201 (313) 387-7500  
 Grand: 12121 W. Main St., Suite 1, Mt. Pleasant, MI 48858 (810) 773-1166  
 Location: 12121 W. Main St., Grand Blanc, MI 48830 (810) 496-0300  
 12121 Grand Blanc Ave., Suite 1400 Bay City, MI 49709 Phone: (989) 349-0900

TIME IN: \_\_\_\_\_ TIME OUT: \_\_\_\_\_

**WOUND CARE**

- Do not shower/bathe or go to the Emergency Department for any of the following:
  - Signs of infection (redness, swelling, pain, pain, fever and/or chills)
  - Swelling
  - Numbness, tingling, or weakness of the hand/foot
- Report for occupational care discharge instructions
- See medications as directed
- Apply the correct dressing as directed
- Open the wound twice daily (AM & PM) with a sterile 1/2" x 1" gauze pad and high water irrigation
- Apply antibiotic ointment (directions on individual)
- Protect wound with a sterile dressing or band-aid as needed
- Your discharge instructions may contain the following:
  - How to take medications as directed
  - When to return to work
  - When to return to school
  - When to return to sports

**SPRINKLE, BRUISES and FRACTURES**

- Wash the injured part for 1-2 days
- Go to work for the injured area for the first 12 hours and then as needed to reduce swelling
- Report for occupational care discharge instructions
- See medications as directed
- For bruise/abrasion pain relief:
  - Do not remove and apply
  - Do not get your splint wet
- See your doctor/physician immediately or go to the Emergency Department if:
  - Swelling or pain below your knee becomes throbbing, red, hot or numb
  - Redness/bruising does not go away
  - Pain/weight bearing and you are unable to tolerate it
  - You or your doctor suspect damage and/or deep laceration

**WOUND CARE and INSTRUCTIONS**

- For splint apply an elastic band to reduce swelling
- For infections and open lacerations for 1 minute four times a day. Wash hands after handling the affected area
- See medications as directed
- Report your observations or go to the Emergency Department for any of the following:
  - Change in color or loss of shape
  - Increasing pain, redness, or swelling
  - Fever
- Report to your doctor or physician and/or report to your doctor
- DO NOT drive or operate machinery while wearing an eye patch
- See your doctor/physician for follow-up care
- Return here for recheck in 3-5 days

**OCCUPATIONAL MEDICINE**  
**POST-ACCIDENT REPORT - RETURN TO WORK EVALUATION**

Company Name: \_\_\_\_\_  
 Treatment: \_\_\_\_\_  
 Condition:  Work related  Not work related  
 Return Physician/Date: \_\_\_\_\_  
 When appointment to be seen in \_\_\_\_\_ Day  
 Return here for follow-up \_\_\_\_\_ Day  
 Patient may return to regular work/activities \_\_\_\_\_ Day  
 Pending further evaluation and treatment as scheduled above

Work restrictions include the following:

- Swelling  Postural sitting
- Swelling  Postural standing
- Swelling  Pushing and pulling
- Swelling  Right-handed work
- Swelling  Left-handed work
- Swelling  Patient on machine
- Swelling  Drive/operate equipment
- Swelling  Heavy restriction of \_\_\_\_\_ pounds

Patient is on total disability

Employee should give this information to their supervisor as soon as possible

DR employees should report to their DR Medical Department with the information within 30 days

**DISCLAIMER**

**PRESCRIPTIONS and OTHER INSTRUCTIONS**

PATIENT'S SIGNATURE \_\_\_\_\_ DATE/TIME \_\_\_\_\_

DR PHYSICIAN'S NAME \_\_\_\_\_

**IMPORTANT NOTE**

With the exception of Occupational Care visits, this center is intended to provide immediate care for your convenience. The examination and treatment that you have received has been an on-site service only. It was not intended to be a substitute or replacement for complete medical care. DR encourage you to report this information to your doctor/physician and follow up with your doctor/physician as directed.

I have given the opportunity to ask questions and understand the instructions given to me. I hereby acknowledge receipt of the instructions above and realize that I may be released before all of my medical problems are known or treated. I will arrange for follow-up care and provide the instruction sheet to that provider, as instructed.

PATIENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WHS/DR (Employee/health related visits only)  
 HHS/DR (Medical Records)  
 PWS/ Patient

100-0000-0-Rev. 1/18 **PATIENT DISCHARGE INSTRUCTIONS**