

McLaren Print System Order

Order No: 60723
 Order Date: 2021-03-02
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Ship Location: **MCLAREN THUMB REGION**
 1100 S VAN DYKE RD
 BAD AXE, MI 48413,

Forms
 Quantity: 500
 Paragon Dept No: 21600
 Dept Name: PURCHASING
 Company Number: 530

Order Total Price: 117.00

Item Number: MTR-05
 Item Description: ED AFTERCARE INSTRUCTIONS
 Revision Date: 6/2018
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info: SS; BLACK; 2 PART

McLaren
 THUMB REGION ED AFTERCARE INSTRUCTIONS

Your diagnosis is _____

Follow up with Dr. _____ in _____ days. Call as soon as possible to schedule your appointment.

<p><input type="checkbox"/> EYES</p> <p><input type="checkbox"/> STRANS</p> <p><input type="checkbox"/> FRACURES</p>	<p>1) See your medical provider/urgent care ASAP if you begin to have severe pain, or changes of your vision.</p> <p>2) Rest the area and elevate it above the level of the heart as much as possible.</p> <p>3) Apply ice to area for 15-20 minutes several times per day for the first 48 hours. (Never apply ice to bare skin.)</p> <p>4) You should remove and rewrap the elastic bandage twice per day or if it feels too tight.</p> <p>5) Use crutches & portable weight bearing until able to stand without pain then slowly return to normal activity.</p> <p>6) <input type="checkbox"/> Crutch-Walking Instruction Sheet Given to Patient</p> <p>7) Go to urgent care or the ED immediately if the extremity becomes cold, numb, or you have severe pain.</p>
<p><input type="checkbox"/> BACK & NECK</p> <p><input type="checkbox"/> INJURIES</p>	<p>1) Rest affected area, avoid painful positions/movements. Gentle firm massage may help relieve soreness.</p> <p>2) Apply warm compresses or soaks to the affected part for 20-30 minutes 4 times per day.</p> <p>3) If you experience increased pain or numbness in your arms or legs, go to urgent care or the ED immediately.</p> <p>4) Do not use acetaminophen, narcotic pain killers, or alcohol for 24 hours after the injury. (Do not drink until OK by Dr.)</p>
<p><input type="checkbox"/> HEAD</p> <p><input type="checkbox"/> INJURY</p>	<p>1) Return to the Emergency Department immediately if any of the following develop: Repeated Vomiting or Seizures, Changes in Vision, Severe Headache, Weakness, Numbness, Unusual Drowsiness, Difficulty with Balance, Difficulty Hearing, Confusion or Disorientation, Unable to move arms or legs, Unequal pupils (each part of eye different sizes).</p> <p>The patient should be assessed every _____ hours for the first 24 hours.</p>
<p><input type="checkbox"/> WOUND</p> <p><input type="checkbox"/> CARE</p>	<p>1) Keep wound clean and dry. See your medical provider or go to urgent care if any signs of infection develop (increasing redness, swelling, pain, or the appearance of pus, fever, foul odor, red streaks on the skin).</p> <p>2) Remove the dressing in _____ days and change it _____ times per day for _____ days.</p> <p>3) You may cleanse the area around the wound with a mild soap and water and apply antibiotic ointment to the wound itself.</p> <p>4) Follow up with urgent care or your medical provider for wound check/culture removal in _____ days.</p>
<p><input type="checkbox"/> FEVER</p> <p><input type="checkbox"/> PAIN</p>	<p>1) Acetaminophen (Tylenol) _____ every _____ hours with food as needed.</p> <p>2) Ibuprofen (Motrin) _____ every _____ hours with food as needed.</p> <p>3) You may alternate the Ibuprofen and Acetaminophen every _____ hours.</p> <p>4) If the fever is persistent or the patient becomes confused, lethargic (very slow, tired), or has a seizure, return to the Emergency Department immediately.</p>
<p><input type="checkbox"/> VOMITING</p> <p><input type="checkbox"/> DIARRHEA</p> <p><input type="checkbox"/> ENTERITIS</p>	<p>1) Eat or drink nothing for 4 hours if vomiting is a problem.</p> <p>2) Clear liquids only for the first 24 hours (water, clear juice, weak tea, flat soda, iced water, clear soup, popsicles).</p> <p>3) After 24 hours advance to S.R.A.T. (soft bananas, rice, applesauce, and toast).</p> <p>4) Avoid fatty, greasy, or spicy foods, milk and milk products. After 48 hours you may return to your normal diet.</p>
<p><input type="checkbox"/> GENERAL</p>	<p>1) Do not return to work or school until you are able to perform your normal activities.</p> <p>2) Do not return to work or school until you are able to perform your normal activities.</p> <p>3) Do not return to work or school until you are able to perform your normal activities.</p> <p>4) Do not return to work or school until you are able to perform your normal activities.</p> <p>5) Do not return to work or school until you are able to perform your normal activities.</p> <p>6) Do not return to work or school until you are able to perform your normal activities.</p> <p>7) Do not return to work or school until you are able to perform your normal activities.</p> <p>8) Do not return to work or school until you are able to perform your normal activities.</p> <p>9) Do not return to work or school until you are able to perform your normal activities.</p> <p>10) Do not return to work or school until you are able to perform your normal activities.</p>
<p><input type="checkbox"/> Medications</p>	<p>1) Continue Your Present Home Medications as Before _____ Medication(s)</p> <p>2) Stop taking _____ Medication(s)</p> <p>3) Add These Medication(s) _____ Medication(s)</p>
<p><input type="checkbox"/> Procedures</p>	<p>1) _____ (X-Ray, Ultrasound, CT Scan, (Panic Exam, Urine & Drainage, Ultrasound, (Wound Repair, (Suture Removal, (Cast Application, (Lumbar Puncture, (Foreign Body Removal, (Eye Exam, (Spleen Cast)</p>
<p><input type="checkbox"/> Other Instructions</p>	<p>1) _____</p> <p>2) _____</p>

Patient (Legal Guardian) Signature _____ Nurse Signature _____

Date _____ Time _____ Physician Signature _____

PATIENT'S SIGNATURE DENOTES RECEIPT AND UNDERSTANDING OF THE MATERIAL.

385-100-05-18

Spec Info: ER