

McLaren Print System Order

Order No: 58214 Reprint Previous Order No: 6599
Order Date: 2020-11-05
User: Shannon Pierce
Phone: 8106677040

Ship Location: Lapeer Occupational and Convenient Care
1181 S Lapeer Rd
Lapeer, Michigan 48446

Forms

Quantity: 500
Paragon Dept No: 65100
Dept Name: Lapeer Occupational and Convenient Care
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: 8/2019
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
INPATIENT DISCHARGE INSTRUCTIONS

PRINT ORDER

TIME IN _____ TIME OUT _____

WOUND CARE

- _____ See your doctor/clinic or go to the Emergency Department for any of the following:
 - Signs of infection (redness, swelling, pain, pain, fever and/or chills)
 - Bleeding
 - Numbness, tingling, or weakness of the extremity
- _____ Report for doctor/clinic per discharge instructions
- _____ Use medications as directed
- _____ Keep the wound clean and dry
- _____ Clean the wound twice daily (AM & PM) with a mixture of half warm water and half hydrogen peroxide
- _____ Apply antibiotic ointment/discharge as instructed
- _____ Protect wound with a sterile dressing or band if not as needed
- _____ Your laboratory instructions may indicate using
- _____ Stere antibiotics as directed
- _____ Stop all medications or return here for a wound check if _____

SPRAINS, STRAINS, BRUISES and FRACTURES

- _____ Elevate the injured part for 2-3 days
- _____ Ice packs to the injured area for the first 12 hours and then as needed to reduce swelling
- _____ Report for doctor/clinic per discharge instructions
- _____ Question for doctor/clinic per discharge instructions
- _____ Do not remove cast/wrap
- _____ Do not get your cast/wrap wet
- _____ Do not wear shoes/walkers
- _____ See your doctor/clinic immediately or go to the Emergency Department if
- _____ Begins or feels better your injury because (blue, cold, painful or numb)
- _____ Red, swollen, or _____
- _____ Painful weight bearing and you are unable to tolerate it
- _____ Use an AFO device (support brace) and/or sling (hand/splint) _____

DRUG RESISTANCE AND RESISTANCE

- _____ Do not take any of the pills to reduce swelling
- _____ For infections and pain medications for 2 minutes four times a day. Read labels after receiving the affected area
- _____ Use medications as prescribed
- _____ Contact your doctor/clinic or go to the Emergency Department if any of the following:
 - Change in vision or loss of vision
 - Increasing pain, redness, or swelling
 - Fever
- _____ Never use alcohol or OTCs and never using any alcohol
- _____ Do NOT drive or operate machinery while wearing an eye patch
- _____ See your doctor/clinic for _____
- _____ Return here for recheck in 3-5 days

OCCUPATIONAL MEDICINE

PROVIDER SIGNATURE _____ **DATE/TIME** _____

PATIENT'S SIGNATURE _____ **DATE/TIME** _____

PRINTED NAME _____

DATE/TIME _____

IMPORTANT NOTE:
With the exception of Occupational Care visits, this center is intended to provide specific care for your convenience. The examination and treatment that you have received has been on an immediate care basis only. It was not intended to be a substitute or replacement for complete medical care. We encourage you to report this information to your doctor/clinic and follow up with your doctor/clinic 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** _____

WITNES: Employee (mark related visit only)
1181 S Lapeer Rd
Lapeer, Michigan

INPATIENT DISCHARGE INSTRUCTIONS

see order 6/26/19