

McLaren Print System Order

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 1100 S. Van Dyke Rd.
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McLaren
 THUMB REGION ED AFTERCARE INSTRUCTIONS

Your diagnosis is _____

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

EYES	1) See your medical provider/urgent care ASAP if you begin to have severe pain, or changes of your vision. 2) Rest the area and elevate it above the level of the heart as much as possible. 3) Apply ice to area for 15-20 minutes several times per day for the first 48 hours. (Never apply ice to bare skin.) 4) You should remove and rewrap the elastic bandage twice per day or if it feels too tight. 5) Use crutches & portable weight bearing until able to stand without pain then slowly return to normal activity. 6) <input type="checkbox"/> Crush-Working Instruction Sheet (Given to Patient) 7) Go to urgent care or the ED immediately if the extremity becomes cold, numb, or you have severe pain.
STRAINS FRANKS FRACTURES	
BACK & NECK INJURIES	1) Rest affected area, avoid painful positions/movements. Gentle firm massage may help relieve soreness. 2) Apply warm compresses or soaks to the affected part for 20-30 minutes 4 times per day. 3) If you experience increased pain or numbness in your arms or legs, go to urgent care or the ED immediately. 4) Do not use acetaminophen, narcotic pain killers, or alcohol for 24 hours after the injury. (Do not drink alcohol until OK by Dr.) 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 Breathing, Confusion or Disorientation, Unable to move arms or legs, Unequal pupils (back part of eye different sizes). The patient should be assessed every _____ hours for the first 24 hours.
HEAD INJURY	
WOUND CARE	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). 2) Remove the dressing in _____ days and change it _____ times per day for _____ days. 3) You may cleanse the area around the wound with a mild soap and water and apply antibiotic ointment to the wound itself. 4) Follow up with urgent care or your medical provider for wound check/culture removal in _____ days.
FEVER PAIN	1) Acetaminophen (Tylenol) _____ every _____ hours with food as needed. 2) Ibuprofen (Motrin) _____ every _____ hours as needed. 3) You may alternate the Ibuprofen and Acetaminophen every _____ hours. 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.
VOMITING DIZZINESS ENTERIC	1) Eat or drink nothing for 4 hours if vomiting is a problem. 2) Clear liquids only the first 24 hours (water, clear juice, weak tea, flat soda, iced water, clear soup, popsicles). 3) After 24 hours advance to S.R.A.T. diet (Bananas, Rice, applesauce, and toast). 4) Avoid fatty, greasy, or spicy foods, milk and milk products. After 48 hours you may return to your normal diet.
GENERAL	1) Go to urgent care or follow up with your medical provider if symptoms become worse or do not improve. 2) Get prescriptions filled, take or apply medication as directed on label. 3) Increase your fluid intake. 4) No driving, using heavy machinery, working at heights, or performing tasks which require mental judgment while taking the prescribed medications. Rest as much as possible. 5) Your X-Rays have been interpreted by the Emergency Physician. A final report will be rendered within the next 12 hours. You will be notified if there is a change from your original diagnosis. 6) Your BP was elevated in the ER today. Please follow up with your medical provider.
Medications	1) Continue Your Present Home Medications as Before _____ 2) Stop taking _____ (Medications) 3) Add These Medications _____
Procedures	1) Lab Work _____ (Chest Exam) _____ (Ultrasound) _____ (Wound Repair) 2) Cast Reduction _____ (Chest Aspiration) _____ (Lumbar Puncture) _____ (Foreign Body Removal) _____ (Eye Exam) _____ (SplineCast)
Other Instructions	1) _____ 2) _____

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: