McLAREN OCCUPATIONAL HEALTH/CONVENIENT CARE CENTER PATIENT DISCHARGE INSTRUCTIONS

Please 🗋 1254 N, Main St., Lapeer, MI 48446 (810) 667-7040

Check 🛛 1523 S. Mission St., Suite 2, Mt. Pleasant, MI 48858 (989) 773-1166

Location: D 2313 E. Hill Rd., Grand Blanc, MI 48439 (810) 496-0900

□ 4 Columbus Ave. Suite 140 Bay City, MI 48708 Phone: (989) 393-2850

1254 N. Main Lapeer, MI 48446 (810) 667-7040

RESPIRATORY INFECTIONS	TIME IN:	TIME C	OUT:
Increase fluids and rest	Do not smoke/a	void second hand smoking	
Take medications as prescribed	Do not drink alcohol while taking antibiotics		
Tylenol for fever/discomfort per package instructions			
lbuprofen for fever/discomfort per package instructions			
See your doctor/clinic or return here if worsening	FIRST INJURY REPORT - RETURN TO WORK STATEMENT		
Room humidifier, saline nose drops/spray and gargles may make			
you more comfortable	Company Name		
Do not smoke; avoid second hand smoke ***Antibiotics are not prescribed for viral illness as they are not effective against viral	Tractment		
infections and may complicate your care if your condition changes.			
ALLERGIC REACTIONS and STINGS	Condition is	Work-related	Not work-rela
Go to the Emergency Department immediately if any of the		Undetermined	
following develop:	_		
- Shortness of breath and/or wheezing	Referral Physician/Clinic		
- Throat tightness			
- Difficulty swallowing	Μ	lake appointment to be seen in	davs
- Swelling of lips and/or tongue			
- Worsening of rash and/or hives	R	eturn here for follow up:	Date
Take medications as prescribed			Time
See your doctor/clinic within 3 days for follow up	Patient may return to reg	ular work/school/sports	
Avoid further exposure to allergic agent	r allont may retain to reg		
***Some medications used to treat these conditions cause drowsiness. You should not	Тс	oday	Date
drive or operate machinery when taking these medications.			
FEVER	P	ending further evaluation and tr	eatment as scheduled abo
Take medications as directed			
Increase fluids	Patient may return to res	tricted work on	
Rest and avoid exertion while febrile	Work restrictions include	(hrs/day):	
Tylenol fever control per package instructions	Bending	Prolonged	sitting
Ibuprofen fever control per package instructions	Squatting	Prolonged	
Contact your doctor or go to the Emergency Department for any of	Reaching	Pushing a	nd pulling
the following:	Driving	Right hand	ded work
- Worsening or change in symptoms	Climbing	Left hande	ed work
- Shaking chills	Walking	Patient on	
Uncontrolled fever See your doctor/clinic within 3 days for follow up	Lifting	Dust/fume	exposure
For children:	Other		
 For children. For babies up to 4 months of age – go directly to your 	Lifting restriction	n of pounds	
doctor/clinic or the Emergency Department for a rectal temperature of	Detient is an tot	al diaphility	
100.5° F or greater	Patient is on total	ar disability	
- DO NOT give aspirin or aspirin products to children less than 16 years of	Employee should give th	is information to his/her supervis	or as soon as nossible
age	Employee should give in	is information to his/her supervis	soi as sooii as possible.
 Sponging and tepid baths may make the fever worse by causing shivering 	GM employees should re	eport to their GM Medical Depar	tment with this information
INFECTIONS	within 24 hours.	port to their divi medical Depart	
Take medications as prescribed	within 24 nours.		
Tylenol for fever and/or discomfort per package instructions	DIAGNOSIS		
Ibuprofen for fever and/or discomfort per package instructions			
For throat infections salt water gargles every 4 hours and	PRESCRIPTIONS and C	OTHER INSTRUCTIONS	
chloraseptic spray may ease your discomfort			
For outer ear infections avoid getting any water in the affected			
ear for ten days			
For urinary tract infections urinate at least every 2 hours while			
awake and take three 8 oz glasses of cranberry juice per day unless			
diabetic			
For skin and wound infections clean the affected area twice a day			
and apply bacitracin ointment	PHYSICIAN'S SIGNATU	IRE DATE/TIN	IF.
See your doctor/clinic within 7 days for follow up	THISICIAN S SIGNATO		
Frequent handwashing			
MROBIANT NOTE	PRINTED PHYSICIAN'S		
MPORTANT NOTE			and tractions at the star
With the exception of <u>Occupational Care</u> visits, this center is intended to provide			
nave received has been on an immediate care basis only. It was not intended to l		nent for complete medical c	are. we encourage you
report this intervention to your doctor/clinic and follow up with your doctor/clinic	as directed.		

as instructed.

PATIENT'S SIGNATURE	
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DATE

WHITE: Employee (work related visits only) YELLOW: Medical Records PINK: Patient

MM-34488-A Lapeer (Rev. 1/18)

PATIENT DISCHARGE INSTRUCTIONS

Patient Name:

Date of Birth: