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Hours:
 Monday - Friday 8am to 8pm
 Saturday - Sunday 9am to 6pm

OCCUPATIONAL HEALTH AND CONVENIENT CARE CLINIC PATIENT INSTRUCTION SHEET FOR ILLNESS

Your diagnosis is: _____

Follow up with Dr. _____ in ___ days. Call within 48 hours to schedule your appointment.

Vomiting/Diarrhea/Gastritis

- 1) Eat or drink nothing for 4 hours if vomiting is a problem.
- 2) Clear liquids only for the first 24 hours (water, clear juice, weak tea, flat soda, jello water, clear soup, or popsicles.
- 3) After 24 hours advance to B.R.A.T. diet (bananas, rice, applesauce, and toast).
- 4) After 48 hours you may slowly return to your normal diet.
- 5) Avoid fatty, greasy, and spicy foods.
- 6) Avoid milk and milk products.

Fever/Pain

- 1) Ibuprofen (Motrin) _____ mg, _____ hours with food _____
- 2) Acetaminophen (Tylenol) _____ mg, _____ hours. _____
- 3) You may alternate the Ibuprofen and Acetaminophen every _____ hours as needed.
- 4) If the fever is persistent or the patient becomes confused, lethargic (very slow, tired), or has a seizure, go to the Emergency Department immediately.

Eye Injuries

- 1) Go to the Emergency Department or see your doctor immediately if you begin to experience severe pain, redness or blurring of your vision.

General Instructions

- 1) If symptoms become worse or do not improve see your family doctor or go to the Emergency Department.
- 2) Get prescriptions filled, take or apply medication as directed on label.
- 3) No driving, using heavy machinery, working at heights, or performing tasks which require mental judgment while taking the prescribed medications.
- 4) Increase fluid intake.
- 5) Rest as much as possible.
- 6) Your X-Rays have been interpreted by _____. A final report will be rendered within the next 72 hours. You will be notified if there is a change from your original diagnosis.
- 7) Go to the Emergency Department if any of the following signs or symptoms occur: difficulty breathing or swallowing; throat or chest tightness; wheezing; swelling of the face, throat, or lips; hives or severe itching; swelling or redness at the injection site.

Other Instructions:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Prescription: _____

 Patient (Legal Guardian) Signature

 Physician/NP/PA Signature

 Date

 Time