

McLaren Print System Order

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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 & perform 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.
SHOULDER STRAINS / FRACTURES	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 arm or legs, go to urgent care or the ED immediately. 4) Do not use e-cigarettes, nicotine, pain killers, or alcohol for 24 hours after the injury. (Do not smoke until OK by Dr.) Return to the Emergency Department immediately if any of the following develop: Repeated Vomiting or Diarrhea, 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 (each part of eye different sizes). The patient should be assessed every _____ hours for the first 24 hours.
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 arm or legs, go to urgent care or the ED immediately. 4) Do not use e-cigarettes, nicotine, pain killers, or alcohol for 24 hours after the injury. (Do not smoke until OK by Dr.) Return to the Emergency Department immediately if any of the following develop: Repeated Vomiting or Diarrhea, 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 (each part of eye different sizes). The patient should be assessed every _____ hours for the first 24 hours.
HEAD INJURY	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 arm or legs, go to urgent care or the ED immediately. 4) Do not use e-cigarettes, nicotine, pain killers, or alcohol for 24 hours after the injury. (Do not smoke until OK by Dr.) Return to the Emergency Department immediately if any of the following develop: Repeated Vomiting or Diarrhea, 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 (each part of eye different sizes). The patient should be assessed every _____ hours for the first 24 hours.
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 as needed. 2) Ibuprofen (Motrin) _____ every _____ hours with food 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 / DIARRHEA / 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. (soft 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) Do not return to work or school until you are able to perform your normal activities. 2) Do not return to work or school until you are able to perform your normal activities. 3) Do not return to work or school until you are able to perform your normal activities. 4) Do not return to work or school until you are able to perform your normal activities. 5) Do not return to work or school until you are able to perform your normal activities. 6) Do not return to work or school until you are able to perform your normal activities. 7) Do not return to work or school until you are able to perform your normal activities. 8) Do not return to work or school until you are able to perform your normal activities. 9) Do not return to work or school until you are able to perform your normal activities. 10) Do not return to work or school until you are able to perform your normal activities.
Medications	1) Continue Your Present Home Medications as Before _____ 2) Stop Taking _____ 3) Add These Medications _____
Procedures & Tests Performed	(Lab Work) (Chest X-Ray) (CT Scan) (Phlebotomy Exam) (Wound & Drainage) (Ultrasound) (Wound Repair) (Cast Reduction) (Cast Application) (Lumbar Puncture) (Foreign Body Removal) (Eye Exam) (Spleen Cast)
Other Instructions	1) _____ 2) _____

Patient (Legal Guardian) Signature _____ Nurse Signature _____
 Date _____ Time _____ Physician Signature _____
 PATIENT'S SIGNATURE DENOTES RECEIPT AND UNDERSTANDING OF THE MATERIAL.

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