

McLaren Print System Order

Order No: 70053 Reprint Previous Order No: 6599
Order Date: 2022-05-26
User: Amber Kleekamp
Phone: 9895519951

Ship Location: McLaren Thumb Convenient Care Clinic
1040 S Van Dyke Rd
Bad Axe, MI 48413

Forms

Quantity: 500
Paragon Dept No: 54604
Dept Name: McLaren Thumb Convenient Care Clinic
Company Number: 185

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

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 hand/wrist
- _____ Report for observation per discharge instructions
- _____ Take 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 (directions on label)
- _____ Protect wound with a sterile dressing or band-aid as needed
- _____ Your laboratory information will be mailed to you
- _____ Have someone monitor you _____ days
- _____ Stop all activities or return home for a wound check in _____ days

SPRAINS, STRAINS, BRUISES and FRACTURES

- _____ Elevate the injured part for 7-8 days
- _____ Ice packs to the injured area for the first 12 hours and then as needed to reduce swelling
- _____ Report for observation per discharge instructions
- _____ Take medications as directed
- _____ Do not remove cast/wrap
- _____ Do not get your cast/wrap wet
- _____ Do not use electric shaver/razor while in the Emergency Department if fingers or toes below your hand/wrist/ankle/foot, cast, splint or wrap are cast/wrap
- _____ Do not use _____ weight bearing until you are seen for follow-up
- _____ Use an AFO device (support bandage and/or wrap hand/ankle/foot)

DRUGS AND PRESCRIPTIONS

- _____ Do not take aspirin or NSAIDs to reduce swelling
- _____ For infections and pain medications for 7-10 days, four times a day. Read labels after receiving the affected area
- _____ Take 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
- _____ Do not use alcohol or OTCs and avoid using any alcohol products
- _____ DO NOT drive or operate machinery while wearing an eye patch
- _____ See your doctor/clinic for follow-up in _____ days
- _____ Return here for re-check in 3-5 days

OCCUPATIONAL MEDICINE

PROVIDER SIGNATURE _____ **DATE/TIME** _____

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

PHYSICIAN'S NAME _____

IMPORTANT NOTE:
With the exception of Occupational Care visits, this center is intended to provide expedient 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** _____

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

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