



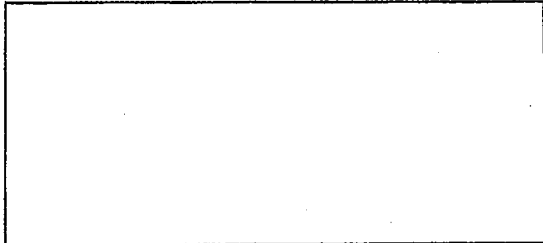
PORT HURON
1221 Pine Grove Avenue
Port Huron, MI 48060

DISCHARGE INSTRUCTIONS

You were treated by Dr.: _____

Your Diagnosis is: _____

FOLLOW THE INSTRUCTIONS INDICATED BELOW.



WOUND CARE

- Keep wound clean and dry. You may remove your dressing in 24 hours, (or sooner if it becomes wet or soiled).
- Wash wound with warm, sudsy water, unless otherwise instructed.
- Apply antibiotic ointment as instructed.
- If you had a laceration repair, return in _____ days for suture or staple removal.
- Contact your physician or return to the emergency center if you experience any of the following: **increased pain, increased swelling, increased redness, or foul-smelling/foul-colored drainage.**

HEAD INJURIES

- You should not be alone for the next 24 hours. A responsible person should be with you to watch for the following:
 - uncontrollable vomiting
 - severe/persistent headache
 - unusual drowsiness
 - difficulty awakening
 - confusion/restlessness
 - visual changes
- Return to the emergency center if you experience any of the above symptoms.

MEDICATIONS

- Take medication as directed, and take all medication prescribed, unless your physician instructs you otherwise.
- Know the names of all your medications, and do not take medications you are allergic to.
- Many medications may cause drowsiness or incoordination, so do not drink alcohol, drive, or operate machinery while taking such medications.
- You were given the following medications while in the Emergency Center:

X-RAYS

- If you had x-rays taken, they were initially read by the emergency center physician and the reading will be verified by a Radiologist within 24 hours.
- If there is any change in your treatment plan based on the Radiologist's findings, you will be contacted and advised of the findings.
- You had the following x-rays taken while in the Emergency Center:

• Should you need to take the x-rays to your physician for follow-up care, please call (810) 989-3169, a minimum of 3 hours prior to pick-up.

ADDITIONAL INSTRUCTIONS

Medication: _____	dose: _____	frequency: _____
Medication: _____	dose: _____	frequency: _____
Medication: _____	dose: _____	frequency: _____
_____	_____	_____
_____	_____	_____

If you have any questions regarding your discharge instructions please call (810) 989-3300.

UPPER RESPIRATORY INFECTION

- Take/encourage plenty of fluids while awake.
- Rest as much as possible.
- Take/give prescribed medications as directed.
- Cool steam vaporizer may be used to moisten the air.

VOMITING AND DIARRHEA

- Rest the stomach. **NOTHING** by mouth for 4 hours. (1-2 hours for children.)
- Begin with small frequent feedings of **CLEAR** liquids. If patient has done well on liquids for 12-24 hours, then advance diet to solid foods.
- Avoid dairy products, orange juice, and solid foods for 1-2 days.
- A clear liquid diet consists of the following: weak tea, Kool-Aid, ice chips (not for babies), gingerale or 7-up, popsicle, diluted coke, jello, sugar water, and broth.
- **PLEASE NOTE:** If vomiting or diarrhea persists, contact your doctor or return to the emergency center.

SPRAIN/STRAIN/FRACTURE

- Elevate the injured limb above the level of the heart.
- Apply ice to area for the first 24 hours. Warm moist heat may be applied after the first 24 hours.
- Rest area as much as possible.
- If an ace bandage is used, remove and rewrap as instructed, 2-3 times daily. Remove before going to bed.
- If splint is used, maintain splint until re-evaluated by physician.
- Watch for change in color of the affected extremity, extreme pain, swelling, or loss of sensation. If any of the above occur, loosen the ace wrap. If any of the above continue, contact your physician or return to the emergency center.

FEVER

- Take/encourage extra fluids.
- Rest as much as possible/dress lightly.
- Take/give Tylenol and/or Motrin as directed for fever.
- If unable to control fever, take luke warm bath or sponge bath for 20 minutes and air dry.
- If fever continues, contact your physician or return to the Emergency Center.

USE OF TOBACCO

Tobacco use is the number one preventable cause of death and disease in MI. If you are a tobacco user, stop smoking. Talk with your doctor or call American Lung Association at 1-800-LUNG-USA / www.lungusa.org

I understand the above instructions as read/explained to me. I will arrange for follow-up care as instructed

Patient Signature _____ Phone # _____

Date _____ / _____ Witness _____

Distribution: Original to MEDICAL RECORDS
Copy 2 to PATIENT

