McLaren Business Products

McLaren Print System Order

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User: Tim Zurek
Phone: 9892699521

Ship Location: Mclaren Thumb Region Emergency Room Attn: Tim
1100 S. Van Dyke Rd.
Bad Axe, MI 48731
Forms
Quantity: 1000
Paragon Dept No: 060
Dept Name: Emergency Room
Company Number: 530

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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.
☐ SPRAINS STRAINS FRACTURES	1) Rest the area and elevate it above the level of the heart as much as possible. 2) Apply ice to area for 15-20 minutes several times per day for the first 48 hours. (Never apply ice to bare skin.) 3) You should remove and rewrap the elastic bandage twice per day or if it feels too tight. 4) Use crutches & partial/no weight bearing until able to stand without pain then slowly return to normal activity. 5) ☐ Crutch Walking Instruction Sheet Given to Patient 6) Go to urgent care or the ED immediately if the extremity becomes cold, numb, or you have severe pain.
☐ 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 arms or legs, go to urgent care or the ED immediately.
☐ HEAD INJURY	1) Do not use sedatives, narcotic pain killers, or alcohol for 24 hours after the injury. (No contact sports until OK by Dr.) Return to the Emergency Department immediately if any of the following develop: Repeated Vomiting or Seizures, Changes in Vision, Severe Headache, Weakness, Numbness, Unusual Drowsiness, Difficulty with Balance, Difficulty Awakening, Confusion or Disorientation, Unable to move arms or legs, Unequal pupils (black part of eye different sizes). The patient should be awakened 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 order, 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/suture removal in _____days.
☐ FEVER PAIN	1) Ibuprofen (Motrin) _____ every_____ hours with food as needed. 2) Acetaminophen (Tylenol) _____every _____ hours 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 ENTERITIS	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, jello water, clear soup, popsicles). 3) After 24 hours advance to B.R.A.T. diet (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) Go to urgent care or follow up with your medical provider if symptoms become worse or do not improve. 2) Get prescriptions filled, take or apply medication as directed on label. 3) Increase your oral fluids. 4) No driving, using heavy machinery, working at heights, or performing tasks which require mental judgment while taking the prescribed medications. Rest as much as possible. 5) Your X-Rays have been interpreted by the Emergency Physician. A final report will be rendered within the next 72 hours. You will be notified if there is a change from your original diagnosis. 6) Your BP was elevated in the ER today. Please follow up with your medical provider.
☐ Medications	☐ Continue Your Present Home Medications as Before ☐ ☐ Stop taking _____Medication(s) ☐ Add These Medication(s)_____
☐ Procedures & Tests Performed	☐Lab Work ☐Xrays ☐CT Scan ☐Pelvic Exam ☐Incision & Drainage ☐Ultrasound ☐Wound Repair ☐Joint Reduction ☐Joint Aspiration ☐Lumbar Puncture ☐Foreign Body Removal ☐Eye Exam ☐Splint/Cast
Other Instructions	1)_____ 2)_____

Patient (Legal Guardian) Signature _____ Nurse Signature _____

Date _____ Time _____ Physician Signature _____

PATIENTS SIGNATURE DENOTES RECEIPT AND UNDERSTANDING OF THE MATERIAL

060.109.06-18