

## McLaren Print System Order

Order No: 61780  
 Order Date: 2021-04-19  
 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: 500  
 Paragon Dept No: 060  
 Dept Name: Emergency Room  
 Company Number: 530

Order Total Price: 117.00

Item Number: MTR-05  
 Item Description: ED AFTERCARE INSTRUCTIONS  
 Revision Date: 6/2018  
 Print: 1 sided black and white  
 Paper: 2 Part (White, Yellow)  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info: SS; BLACK; 2 PART

**McLaren**  
 THUMB REGION ED AFTERCARE INSTRUCTIONS

Your diagnosis is \_\_\_\_\_

Follow up with Dr. \_\_\_\_\_ in \_\_\_\_\_ days. Call as soon as possible to schedule your appointment.

<b>EYES</b>	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 & portable 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)
<b>STRAINS FRANKS FRACTURES</b>	6) Go to urgent care or the ED immediately if the extremity becomes cold, numb, or you have severe pain.
<b>BACK &amp; NECK INJURIES</b>	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. 4) Do not use acetaminophen, narcotic pain killers, or aspirin for 24 hours after the injury. (Do not take aspirin until OK by Dr.)
<b>HEAD INJURY</b>	1) 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 Reasoning, 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.
<b>WOUND CARE</b>	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.
<b>FEVER PAIN</b>	1) Acetaminophen (Tylenol) _____ every _____ hours with food as needed. 2) Ibuprofen (Motrin) _____ 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.
<b>VOMITING DIZZINESS ENTERIC</b>	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. 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.
<b>GENERAL</b>	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.
<b>Medications</b>	1) Continue Your Present Home Medications as Before _____ 2) Stop taking _____ Medication(s) 3) Add These Medication(s) _____
<b>Procedures</b>	1) Lab Work (Urinalysis, OCT Scan, (Pneum Exam, Urine & Drainage, Ultrasound, (Wound Repair, Chest Reduction, Chest Aspiration, Lumber Puncture, (Foreign Body Removal, (Eye Exam, (SplineCast
<b>Other Instructions</b>	1) _____ 2) _____

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

000-100-00-10

Spec Info: