Bring This After Hospital Care Plan To ALL Appointments

After Hospital Care Plan For: ZZZCN, REGRESSIONTESTING

Admission Date: 12/05/2013 2:17 PM

Questions about this packet?

Contact the Emergency Department:

814-623-3500
New prescriptions provided at the time of service

Prescriptions:
None Given

Medications Given in the ED:
None as per nursing (eMAR)

Medication Information Comment:
What is my main medical problem?

When scheduling your appointments, please confirm the address and telephone number listed is current. If you would like assistance in finding a doctor or making your appointments, please call (800) 533-UPMC (8762). It is important to keep all of your appointments.

Studies/Procedures Performed:
None

Summary of Relevant Tests Performed:
The discharging provider did not include a summary of these tests. Please review these test results with your next care provider or primary care physician.
Labs Collected in the ED:
No lab data resulted.

What are my medication allergies?

Allergies Not Recorded

Visit Information Comment:

The care you received in the Emergency Department is only part of your ongoing health care. It is important that you make arrangements for follow-up with your primary physician or other appropriate physician or clinic. We recommend that you be seen for re-evaluation and further care as indicated in these Discharge Instructions.

Based on the information provided to us, we have reviewed your medications. Unless you were told otherwise, you should continue your medications as prescribed.

As part of UPMC's care and commitment, an electronic copy of your UPMC discharge instructions can be obtained via email. Please email your full name, date of discharge, date of birth and the hospital from which you were discharged to the email account Patient_instructions@upmc.edu to obtain an electronic copy.

____________________________________________________________________________________________________________________________

UPMC Bedford Memorial would like to thank you for allowing us to assist you with your healthcare needs.
Abdominal Muscle Strain

You have strained one of your abdominal muscles. While this is not a hernia, a bad strain can turn into a hernia.

No heavy lifting for a week. Rest the area.

ABRASIONS

ABRASIONS are skin scrapes. Their treatment depends on how large and deep the abrasion is.

HOME CARE: ABRASIONS

1) Gently wash the area with mild soap and warm water to remove all the cream/ointment. You may do this in a sink, under a tub faucet or shower. Rinse off the soap and pat dry with a clean towel.

2) If your bandage sticks to the wound, soak it in warm water or with a solution of hydrogen peroxide until it loosens.

3) Reapply an antibiotic ointment. Unless I have prescribed something else, use Bacitracin ointment. Bacitracin ointment is available without a prescription at all drugstores. (Bacitracin is better than Neosporin. Neosporin has three antibiotics: bacitracin, polypsorin, and neomycin. People tend to get allergic rashes from the neomycin.) This will prevent infection and help to prevent the bandage from sticking.

4) Unless it's on the face, Cover the wound with a fresh non-stick bandage (Telfa, or a Bandaid).

5) Repeat this procedure as often as directed by your doctor up to four times a day.

6) If the bandage becomes wet or dirty, change it as soon as possible.

FOLLOW UP:

Most skin wounds heal within ten days. Facial wounds heal faster. However, an infection may occur despite proper treatment. Therefore, look for the early signs of infection listed below.

RETURN PROMPTLY or contact your doctor if any of the following occur:

-- Increasing pain in the wound
-- Increasing redness or swelling
-- Pus coming from the wound
-- Fever over 100.0º F (37.8º C) oral, or 101.0º F (38.3º C) rectal

ABSCESS RECHECK: No Repacking

An abscess (sometimes called a "boil") is a pocket of pus under the skin that starts when bacteria get trapped under the skin and begin to grow. This can occur with an infected hair root, oil gland, "pimple," cyst, or puncture wound.

Treatment of your abscess has required an incision to drain the pus. Gauze packing was inserted on your last visit. However, we don't think you need any more gauze packing.

Healing of the wound will take about one to two weeks depending on the size of the abscess.

HOME CARE:

1) Cover the wound with som Bacitracin ointment (available without a prescription at any drugstore) and a clean dry bandage. If the dressing becomes soaked with blood or pus, change it.

2) When taking a shower, it isokay to direct the shower spray directly into the opening if this is not too painful. Use WARM SOAKS 20 minutes four times a day to the area. (If appropriate, you may just take a hot bath.)
3) If you were prescribed antibiotics, take them as directed until they are all gone.
4) You may take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine has been prescribed.

**FOLLOW UP** with your doctor as advised by our staff. Check your wound every day for the signs listed below.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- Increasing redness around the wound.
- Red streaks in the skin leading away from the wound
- Increasing local pain or swelling
- Continued pus draining from the wound two days after treatment
- Fever over 100.0º oral (37.8º C)

**ABSCESS RECHECK: No Repacking**
An abscess (sometimes called a “boil”) is a pocket of pus under the skin that starts when bacteria get trapped under the skin and begin to grow. This can occur with an infected hair root, oil gland, "pimple," cyst, or puncture wound.

Treatment of your abscess has required an incision to drain the pus. Gauze packing was inserted on your last visit. However, we don't think you need any more gauze packing.

Healing of the wound will take about one to two weeks depending on the size of the abscess.

**HOME CARE:**
1) Cover the wound with a clean dry bandage. If the dressing becomes soaked with blood or pus, change it.
2) If a gauze packing was placed inside the abscess cavity, you may be advised to remove it yourself. You may do this in the shower or bath. Once the packing is removed, you should wash the area carefully in the shower or bath once a day, until the skin opening has closed. It is okay to direct the shower spray directly into the opening if this is not too painful. Use WARM SOAKS 20 minutes four times a day to the area.
3) If you were prescribed antibiotics, take them as directed until they are all gone.
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Treatment of your abscess has required an incision to drain the pus. Gauze packing was inserted on your last visit. However, we don't think you need any more gauze packing.

Healing of the wound will take about one to two weeks depending on the size of the abscess.

**HOME CARE:**
1) Cover the wound with some Bacitracin ointment (available without a prescription at any drugstore) and a clean dry bandage. If the dressing becomes soaked with blood or pus, change it.
2) When taking a shower, it is okay to direct the shower spray directly into the opening if this is not too painful. Use WARM SOAKS 20 minutes four times a day to the area. (If appropriate, you may just take a
hot bath.)
3) If you were prescribed antibiotics, take them as directed until they are all gone.
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ABSCESS
An abscess (sometimes called a "boil") is a pocket of pus under the skin that starts when bacteria get trapped under the skin and begin to grow. This can occur with an infected hair root, oil gland, "pimple," cyst, or puncture wound.

Treatment of your abscess has required an incision to drain the pus. If the abscess pocket was large, a gauze packing has been inserted. This will be changed on your next visit. Antibiotics are not required in the treatment of a simple abscess, unless the infection is spreading into the skin around the wound (known as "cellulitis").

Healing of the wound will take about one to two weeks depending on the size of the abscess.

HOME CARE:
1) The wound may drain for the first two days. Cover the wound with a clean dry bandage. If the dressing becomes soaked with blood or pus, change it.
2) If a gauze packing was placed inside the abscess cavity, you may be advised to remove it yourself. You may do this in the shower or bath. Once the packing is removed, you should wash the area carefully in the shower or bath once a day, until the skin opening has closed. It is okay to direct the shower spray directly into the opening if this is not too painful. Use WARM SOAKS 20 minutes four times a day to the area.
3) If you were prescribed antibiotics, take them as directed until they are all gone.
4) You may take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine has been prescribed.

FOLLOW UP with your doctor as advised by our staff. If a gauze packing was inserted in your wound, it should be removed in 1-2 days. Check your wound every day for the signs listed below.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Increasing redness around the wound.
-- Red streaks in the skin leading away from the wound
-- Increasing local pain or swelling
-- Continued pus draining from the wound two days after treatment
-- Fever over 100.0º oral (37.8º C)

SPRAIN: AC Joint
A SPRAIN is a tearing of the ligaments that hold a joint together. This may take up to six weeks to fully heal, depending on how severe it is. Moderate to severe shoulder sprains are treated with a sling or "shoulder immobilizer". Minor sprains can be treated without any special support.

HOME CARE:
1) If a sling was provided, leave it in place for the time advised by your doctor. If you are unsure how long to wear it, ask for advice. If the sling becomes loose, adjust it so that your forearm is level with the ground and the shoulder feels well supported.
2) Apply an ice pack over the injured area for 20 minutes every 2 hours for the first day. Continue this 3-4 times a day for the next few days.

3) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

4) Shoulder joints become stiff if left in a sling for too long. Range of motion exercises should usually be started soon after injury. Do them as follows:

   Bend over. Let your arm hand from the shoulder loosely. Move the arm gently from left to right. Do this twenty times.
   Move the arm gently forward and back. Do this twenty times.
   Move the arm in a circle one way. Do this twenty times.
   Move the arm in a circle the other way. Do this twenty times.
   Move the arm in a figure 8 one way. Do this twenty times.
   Move the arm in a figure 8 the other way. Do this twenty times.

   Do this whole exercise four times a day.

**FOLLOW UP** with your doctor as directed if the pain does not start to improve within the next five days.

   [NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

**RETURN PROMPTLY** if you develop any of the following:

   -- Increasing shoulder pain or arm swelling
   -- Fingers become cold, blue, numb or tingly
   -- Large amount of bruising of the shoulder or upper arm

**Afrin Spray for Ears**

   For some problems with ears - such as otitis media (middle ear infection) or eustachian tube dysfunction, I recommend the following. Use oxymetazoline nasal spray. Afrin was the first brand name of this spray, but now it's available under many different brand names. The generic is just as good as the brand-name versions. It is a 12-hour decongestant nasal spray.

   Twice a day, use two sprays in both nostrils. Then lay back on your back, and let the spray go to the back of the throat. If you can't taste it in the back of the throat, you're not doing it right. That is where the eustachian tube drains out the middle ear. Removing the congestion there will help the pressure in the ear decrease.

   Don't use Afrin spray for more than 10 days. You can get addicted to it. It can cause rhinitis medicamentosa - "rebound" nasal swelling. Then you have to use more Afrin to be able to breathe through your nose. But up to 10 days is OK.

**Afrin Spray for Nasal Contusion and Fracture**

   For trouble breathing after a blow to the nose, recommend the following. Use oxymetazoline nasal spray. Afrin was the first brand name of this spray, but now it's available under many different brand names. The generic is just as good as the brand-name versions. It is a 12-hour decongestant nasal spray.

   Twice a day, use two sprays in both nostrils. Then lay back on your back for a few minutes to help the spray get to the back of your nose. Having your head hanging over the edge of the bed a bit is even better, as it helps the spray get up to the upper part of the nose.

   Don't use Afrin spray for more than 10 days. You can get addicted to it. It can cause rhinitis medicamentosa - "rebound" nasal swelling. Then you have to use more Afrin to be able to breathe
through your nose. But up to 10 days is OK.

**AICD Firing**

Your automatic implantable cardioverter-defibrillator (AICD) recently fired. An AICD is a device used to automatically give an electrical shock to treat life-threatening heart rhythms.

**HOME CARE:**
1. Take all medications prescribed for you exactly as ordered.
2. Keep follow up appointments with your doctor.
3. Do not drive until your doctor tells you it is okay.
4. Wear is medical identification bracelet or necklace explaining that you have an AICD.
5. Avoid strong magnetic fields, such as an MRI machine.
6. Don’t touch large motors or other equipment with strong electrical current.
7. Have your family learn CPR.
8. Keep a diary in which you write down each time that your AICD gives you a shock. Write down what you were doing before you received the shock and what happened afterward. Show your diary to your doctor.

**FOLLOW UP** with your doctor or as advised by our staff.

[NOTE: If an X-ray was made, another specialist will review it. You will be notified of any new findings that may affect your care.]

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

   -- Your AICD gives you another shock
   -- You feel dizzy or lightheaded
   -- You have chest pain

**ALLERGIC DRUG REACTION**

You are having an allergic reaction to the Bactrim you have taken. This may cause an itchy rash and sometimes swelling of various parts of the body. It may also cause trouble swallowing or breathing. It also may cause vomiting or diarrhea. In the future, remember to tell your doctor about your allergy to this Bactrim (a sulfa drug) so that it won't be used again.

**HOME CARE:**
1. Throw the Bactrim away and do not take it again. The next reaction may be much worse.
2. If you get diarrhea, use over-the-counter Imodium.
3. If you get nausea or vomiting, use the Zofran (ondansetron) we prescribed. Do not chew, do not swallow. Place it under your tongue and let it dissolve. It will be absorbed by the veins under your tongue.

**FOLLOW UP** with your doctor or this facility in the next two days if your symptoms do not continue to improve.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

   -- Trouble breathing or swallowing
   -- Increased swelling in the face, eyelids, mouth, lips, tongue or throat
   -- Dizziness, weakness or fainting

**NASAL ALLERGY**

Nasal Allergy, also called "Allergic Rhinitis" occurs after exposure to pollen, molds, mildew, animal "dander" (scales from animal skin hair and feathers), dust, smoke and fumes. (These are called "allergens"). When
pollen causes a nasal allergy it is commonly called "Hay Fever".

When these particles contact the lining of the nose, eyes, eyelids, sinuses or throat, they cause the cells to release a chemical called "histamine". Histamine may cause a watery discharge from the eyes or nose. It may also cause violent sneezing, nasal congestion, itching of the eyes, nose, throat and mouth.

**HOME CARE:**

Nasal allergy cannot be cured but symptoms can be reduced by the following measures:

1) Avoid or reduce exposure to the allergen when possible, by the following measures:

   **POLLEN**
   -- Stay indoors on hot windy days of pollen season
   -- Keep windows and doors closed
   -- Use an air conditioner with an electrostatic filter

   **DUST, MOLD & MILDEW**
   Follow these measures, especially in the bedroom:
   -- When cleaning use vacuum cleaners, oiled mops and damp cloths; don't stir up the dust.
   -- Once a week clean the walls, woodwork and floors with a damp mop and vacuum carpets.
   -- Once a year clean the bed frame and springs (do this outside).
   -- Cover the box springs with plastic. Do not use mattress pads.
   -- Remove stuffed chairs and rugs from the bedroom.
   -- Discard old moldy books, furniture and bedding.
   -- Use synthetic fabrics for furniture, curtains and bedding. Avoid quilts, comforters, and stuffed toys.

   **DANDER**
   -- Remove all indoor pets (except fish and reptiles).
   -- Avoid all contact with furry animals.
   -- Avoid down-stuffed pillows and coats.
   -- Some persons are also sensitive to wool and should avoid it.

   **OTHER IRRITANTS**
   -- Do not smoke and avoid the smoke of others.
   -- Some persons are sensitive to cosmetic powder, baby powder and powdered laundry detergents.
   Therefore, these powders should be avoided.

2) **DECONGESTANT**: use oxymetazoline (Afrin) nasal spray twice a day up to 10 days but no longer. You can get addicted to Afrin spray where you HAVE to use it to keep your nose often ("rebound", "rhinitis medicamentosa") so do NOT use it longer than 10 days. After spraying, lay on your back on the bed with your head hanging over so that the spray gets up to the top of the nose where the sinuses drain.

3) **ANTIHISTAMINES** block the release of histamine during the allergic response. Antihistamines are more effective when taken BEFORE symptoms develop. Use loratidine (Claritin), fexofenadine (Allegra), or Zyrtec cetirizine). Generics are as good as the brand name. Fexofenadine (Allegra) is probably best.

4) **STEROID nasal spray**: use the fluticasone spray we prescribed. Spray as described for Afrin, above. Use it after the Afrin has had a chance to work.

5) If you have ASTHMA, pollen season may make your asthma symptoms worse. It is important that you use your asthma medicines as directed during this time to prevent or treat attacks. Some persons with ASTHMA have a worsening of their asthma symptoms when taking ANTIHISTAMINES. If you notice this, stop the antihistamines and notify your doctor. Treating the allergic rhinitis with a steroid nasal spray may make your asthma better, too.

**FOLLOW UP** with your doctor or as directed by our staff if your symptoms are not improving with the treatment advised.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

-- Facial or sinus pain or colored drainage from the nose
-- Severe headache or ear pain
-- Fever
-- Wheezing or trouble breathing (If you already know you have asthma, return if your asthma symptoms do not respond to the usual doses of your medicine)
-- Cough with lots of colored sputum (mucus)
ANGIOEDEMA

Angioedema (angio-edema) is a sudden appearance of painless, non-itching areas of swelling (edema) in the body. The swelling most often involves the face, lips, mouth, tongue, back of throat or vocal cords. It may also occur in other areas, such as the arms or legs. A rash may appear during the first 4 days of this illness.

The most common cause for this condition is a side-effect to a type of medicine for high blood pressure called “ACE inhibitor”. This class of drugs includes: captopril (Capoten), enalapril (Vasotec), lisinopril (Prinivil, Zestril). Also, Angiotensin Receptor Blockers (ARBs) such as losartan (Cozaar), irbesartan (Avapro), candesartan (Atacand), valsartan (Diovan), telmisartan (Micardis), olmesartan (Benicar), and Eprosartan (Tevetan) can cause angioedema.

Stop taking any of these medicines.

Contact your doctor to discuss a substitute.

Other causes of angio-edema include allergic reaction to something eaten, touched or inhaled. Angioedema may also be hereditary. In some cases, no cause can be found.

Swelling of the air passages is the most serious complication of angioedema. It can interfere with breathing and cause death. Angioedema may recur. Therefore, it is important to watch for the earliest signs of this condition (below) and return to the hospital promptly if swelling involves the face, mouth or throat areas.

HOME CARE:

1) Rest quietly today. No heavy exertion or excess physical activity.

2) If you were told that your angio-edema was from a medicine that you are taking, you must stop taking this medicine and contact your doctor for a different one. In the future, advise medical staff that you are "allergic" to this medicine.

3) If medicine was prescribed to treat angio-edema (for example, steroids or antihistamines), take this exactly as directed.

FOLLOW UP with your doctor or as advised by our staff.

RETURN PROMPTLY or contact your doctor if any of the following occur:

-- Increase in swelling of lip, mouth, tongue or throat
-- Difficulty swallowing
-- Difficulty breathing
-- Severe abdominal pains

SPRAIN: ANKLE

You have an ankle sprain which is a tearing of the ligaments that hold the joint together. You also have a small fracture of your lateral malleous. Sprains and small fractures like this take from 3-6 weeks to heal depending on how severe the injury is.

HOME CARE:

1) Stay off the injured leg as much as possible until you can walk on it without pain.
2) Keep your leg elevated when sitting or lying down. This is very important during the first 48 hours.
3) Make an ice pack (ice cubes in a plastic bag, wrapped in a towel) and apply over the injured area for 20 minutes every 1-2 hours (if possible) the first day. You should continue with ice packs 3-4 times a day for the next two days. Continue the use of ice packs for relief of pain and swelling as needed.
   4) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) or naproxen (Aleve) for pain, unless another pain medicine was prescribed.
5) You may bear weight as much as you can, provided you wear your aircast ankle brace.
6) See your followup doctor for reevaluation within the next couple of weeks; sometimes you will need physical therapy to regain your normal gait.

FOLLOW UP with your doctor.
SPRAIN: ANKLE

You have an ankle sprain which is a tearing of the ligaments that hold the joint together. Sprains take from 3-6 weeks to heal depending on how severe the injury is.

HOME CARE:
1) Stay off the injured leg as much as possible until you can walk on it without pain.
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FOLLOW UP with your doctor.

BACK PAIN [general]

Back pain is usually caused by an injury to the muscles or ligaments of the spine. Sometimes the disks that separate each bone in the spine may bulge and cause pain by pressing on a nearby nerve. Back pain may also appear after a sudden twisting/bending force (such as in a car accident), or sometimes after a simple awkward movement. In either case, muscle spasm is often present and adds to the pain.

HOME CARE:
1) Rest and relax your back muscles. Try to find a position of comfort. Lie flat on your back on a firm surface with pillows under your knees; or lie on your side with your knees bent up towards your chest and a pillow under your knees. A hand towel folded up under the lower back may help as well. (If your mattress sags, place a piece of plywood under it or lie on a floor pad for more support.)
   -- For SEVERE back pain stay in this position until you are feeling better. Get up only to go to the bathroom or for meals.
   -- For LESS SEVERE back pain, strict bed rest is not needed. However, don't do anything that worsens the pain. Avoid prolonged sitting. Be aware of safe bending and lifting methods. Do not lift anything over 15 pounds until all pain is gone.
2) Some persons find relief with heat (hot shower, hot bath or heating pad) and massage, while others prefer cold packs (crushed or cubed ice in a plastic bag, wrapped in a towel). Try both and use the method that feels best for 20 minutes several times a day.
3) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) or naproxen (Aleve) for pain, unless another pain medicine was prescribed.
4) A good stretch is to hold some weights in your hands, then bend forward as if touching your toes. Stay there for 5-10 minutes and let the weights stretch your back out.
5) Other stretching exercises may help as well. Do each of these 20 times ("20 reps") four times a day.
   - Toe Touches: bend over and touch your toes.
   - Twists: hold your arms straight out, and put your feet about shoulder-width apart. Twist your entire body as if you're wringing a washcloth. Then twist the other way.
   - Side Stretches: Move your feet a bit farther apart, a bit more than shoulder width. Hold your arms straight out. Bend to the left as far as you can. Straighten up. Bend as far to the right as you can. Straighten up.

FOLLOW UP with your doctor or this facility if your symptoms do not start to improve after one week. Physical therapy may be needed.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

RETURN PROMPTLY or contact your doctor if any of the following occur:
   -- Pain becomes worse or spreads to your arms or legs
   -- Weakness or numbness in one or both arms or legs
   -- Loss of bowel or bladder control
ALCOHOL AND BENZODIAZEPINE WITHDRAWAL

Alcohol and/or benzodiazepine withdrawal symptoms occur if you have been drinking steadily and/or taking benzodiazepine (e.g., Valium, Librium, Xanax, Klonopin) for at least several days, and your body gets used to the effect of alcohol or benzodiazepine. When you suddenly stop drinking or taking benzodiazepines (or even just cut down your daily intake) you may develop withdrawal, also called the “shakes”.

The usual symptoms last 3-4 days and include nervousness, shakiness, nausea, sweating, sleeplessness.

HOME CARE:
1) You will need plenty of rest and fluids over the next several days. Eat regular meals. Of course, do not drink any more alcohol. During this time, it is best that you stay with family or friends who can help and support you. You can also admit yourself to a residential detox program.
2) Do not drive until all symptoms are gone and you are feeling better.
3) If you were given sedative medication to reduce your symptoms, do not take it more often than prescribed. Never take it with alcohol.

FOLLOW UP: Once you have gone through the withdrawal symptoms, you have fought half of the battle. To avoid the risk of returning to your previous drinking/benzodiazepine pattern, it is essential that you get follow-up support and treatment.
ALCOHOLICS ANONYMOUS offers support through a self-help fellowship. There are no dues or fees. See the Yellow Pages and call for time and place of meetings. One number is (412) 471-7472.

Residential alcohol detox programs are available. A list of some of these programs is below, or check the Yellow Pages under Drug Abuse & Treatment Centers. AL-ANON offers support to families of alcohol users. One number is (412) 572-5141.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Seizure (convulsion)
-- Fever over 100.5
-- Confusion or hallucinations (seeing, hearing or feeling things that aren't there)
-- Increasing upper abdominal pain
-- Repeated vomiting or vomiting blood

RESIDENTIAL ALCOHOL TREATMENT PROGRAMS

Cove Forge of Pittsburgh
(800) 873-2131
2100 Wharton St., Suite 128
Pittsburgh, PA 15203

Gateway Rehabilitation Center
(412) 766-8700
RD #2 Moffet Run Road
Aliquippa, PA 15001

Greenbrier Treatment Center
(724) 225-9700 or (800) 637-4673
800 Manor Dr
Washington, PA 15301

Living Sober
(412) 636-5150
400 Holland Ave
Braddock, PA 15104

Stepping Stones
(814) 333-5810
Meadville Medical Center
1034 Grove St
Meadville, PA 16335

Pyramid Health Care, Inc.
(412) 241-5341 or (888) 694-9996
507 South Ave
Wilkinsburg, PA 15221

Turning Point
(814) 437-1750 or (888) 272-8922
4849 US 322
Franklin, PA 16323

White Deer Run
(412) 431-3363
2100 Wharton St., Suite 120
Pittsburgh, PA 15203

WPIC - Outpatient Detox
(412) 647-9380
3811 O’Hara St
Pittsburgh, PA 15213
**Bladder Spasms**
Bladder spasms occur for many reasons. Sometimes it is from an irritation of nerves. Sometimes it is from a low-level infection, detectable only by a culture, which takes a couple of days.

Take the Pyridium medication as prescribed. It will turn your urine bright orange. It helps with most bladder spasms.

**Bleeding Dialysis Fistula**

If it starts bleeding again, use strong direct pressure on the area.

**Blood Work Only**
We obtained blood work. You did not wait for the results. Call the provider who ordered the test for the results, or if you have any questions.

**BURNS**
A BURN occurs when skin is exposed to excessive heat, sun, or harsh chemicals. A FIRST DEGREE burn causes redness only, like a sunburn, and heals in a few days.

**HOME CARE: FIRST DEGREE BURNS**
Keep cold compresses on the area for 15-20 minutes at a time every hour as needed for the first day.

Use Pramoxine (found in Gold Bond cream and ItchX, available without a prescription) for pain.

Use Aloe (any skin cream with Aloe) to speed healing.

Unless the doctor prescribed other medication, you may use over-the-counter pain medications such as ibuprofen (Motrin, Advil, Nuprin), naproxen (Aleve) or Tylenol.

**FOLLOW UP** with your doctor or as advised by our staff. Most burns heal without infection. Occasionally an infection may occur despite proper treatment. Therefore, check the burn in two days for the signs of infection listed below.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- Increasing pain in the burn
- Increasing warmth and redness of the skin around the burn
- Swelling or pus coming from the burn
- Red streaks coming from the burn
- Fever over 100.0° F (37.8° C)

(1/19/2010)
2) Wash the area with soap and water to remove all cream, ointment, ooze or scab. You may do this in a sink, under a tub faucet or in the shower. Rinse off the soap and pat dry with a clean towel. Look for signs of infection.

3) Reapply Bacitracin ointment (unless I have prescribed something different) to prevent infection and keep the bandage from sticking.

4) Cover the burn with non-stick gauze. Then wrap it with the bandage material.

5) If the bandage becomes wet or dirty, change it as soon as possible.

**FOLLOW UP** with your doctor or as advised by our staff. Most burns heal without infection. Occasionally an infection may occur despite proper treatment. Therefore, check the burn in two days for the signs of infection listed below.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

- Increasing pain in the burn
- Increasing warmth and redness of the skin around the burn
- Swelling or pus coming from the burn
- Red streaks coming from the burn
- Fever over 100.0° F (37.8° C)

(1/19/2010)

**CELLULITIS**

You have an infection of the skin known as cellulitis. This usually starts with a scrape, cut, insect bite, blister or other opening in the skin which becomes infected. This is a serious condition. It must be watched closely to be sure the infection is not spreading.

With antibiotic treatment, the size of the red area will gradually shrink in size until the skin returns to normal. This will take 7-10 days.

The red area tends to increase in size, despite antibiotics, for about 24 hours. If it then fades, that's a sign that the antibiotic is working. If it's not fading in 24 hours, you may need a different antibiotic. Call your doctor if this happens.

**HOME CARE:**

1) If the infection is on your arm or leg, keep the part RAISED as much as possible.

2) Limit your use of the affected extremity. If the infection is on your leg, walk as little as possible during the first few days of the treatment.

3) Take all of the antibiotic medicine exactly as directed until it is gone. Be careful not to miss any doses, especially during the first few days.

**FOLLOW UP** with your doctor or this facility as directed. If you were not given a specific follow-up appointment, look at the infected area in two days for the warning signs listed below.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

- Increasing area of redness
- Increasing swelling, or pain
- Appearance of pus or drainage
- Fever over 100.5 orally

**EARWAX**

Everyone produces earwax from the lining of the ear canal. It serves to lubricate and protect the ear. The wax that forms in the canal naturally moves toward the outside of the ear and falls out. Sometimes there will be a build-up of wax in the ear canal causing a blockage and loss of hearing. Directions are given below for home treatment.
HOME CARE:
Normally, it is not necessary to clean your ears any deeper than can be reached with a washcloth. However, if your doctor has advised you to remove a wax blockage, follow these directions:

1) Use a solution made for clearing earwax (such as 2-3% hydrogen peroxide, or Debrox, available over-the-counter). Lie down with the blocked ear up. Apply one dropper full of medicine and wait a few minutes. Wiggle the outer ear to get the solution to enter the canal.
2) Lean over a sink or basin with the affected ear turned downward. Use a rubber bulb syringe filled with LUKEWARM water to rinse the ear several times. Use gentle pressure.
3) If you are having trouble draining the water out of your ear canal, you may use a few drops of rubbing alcohol into the ear canal. This will help remove the remaining water.
4) Repeat this procedure once a day for three days or until your hearing is back to normal.

DO NOT
-- DO NOT use cold water to rinse the ear since this will make you dizzy.
-- DO NOT perform this procedure if you have an ear infection.
-- DO NOT perform this procedure if you have a perforated eardrum.
-- DO NOT use cotton applicators/Q-tips, matches, toothpicks, bobby pins, keys or other objects to "clean" the ear canal. This can cause infection of the ear canal or rupture of the eardrum. Because of their size and shape, it is common for cotton applicators/Q-tips to push the ear wax deeper into the ear canal instead of removing it. This can make matters worse.

FOLLOW UP with your doctor or this facility if you are not improving after three cleaning attempts.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Ear pain, headache
-- Fever over 99.5 oral or 100.5 rectal
-- Hearing does not return to normal within 24 hours
-- Fluid drainage or bleeding from the ear canal
-- Swelling, redness or tenderness of the outer ear

NECK SPRAIN
An injury to the muscles (STRAIN) or tearing of the ligaments (SPRAIN) that support the joints are common causes of pain in the neck. This usually begins after a sudden turning/bending force (such as in a car accident) or sometimes after a simple awkward movement. In either case, muscle spasm is often present and contributes to the pain. The pain often gets worse in the first few days after the injury. It usually gets better in 7-10 days, but may last for several weeks.

HOME CARE:
1) Rest and relax the muscles. Use a comfortable pillow that supports the head and keeps the spine in a neutral position. Your head should not be tilted forward or backward.
2) Ice packs (crushed or cubed ice in a plastic bag, wrapped in a towel) are best during the first two days after a new injury. Use this for 20 minutes every 2-4 hours. Local heat (hot shower, hot bath or heating pad) and massage will help reduce muscle spasm. You can start with ice packs then switch to heat after two days. Some people feel best alternating treatments. Use the method that feels best to you.
3) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.
4) If a neck brace was put on because of a possible fracture or severe ligament injury, leave it on at all times until you see the spine specialist.

FOLLOW UP with your physician or this facility if your symptoms do not show signs of improvement after one week. Physical therapy or more tests may be needed.

[NOTE: If x-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Pain becomes worse or spreads into your arms
NECK STRAIN

An injury to the muscles (STRAIN) is a common cause of pain in the neck. This usually begins after a sudden turning/bending force (such as in a car accident) or sometimes after a simple awkward movement. Muscle spasm is often present and contributes to the pain. The pain often gets worse in the first few days after the injury. It usually gets better in 7-10 days, but may last for several weeks.

HOME CARE:

1) Rest and relax the muscles. Use a comfortable pillow that supports the head and keeps the spine in a neutral position. Your head should not be tilted forward or backward.

2) Ice packs (crushed or cubed ice in a plastic bag, wrapped in a towel) are best during the first two days after a new injury. Use this for 20 minutes every 2-4 hours. Local heat (hot shower, hot bath or heating pad) and massage will help reduce muscle spasm. You can start with ice packs then switch to heat after two days. Some people feel best alternating treatments. Use the method that feels best to you.

3) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

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FOLLOW UP with your physician or this facility if your symptoms do not show signs of improvement after one week. Physical therapy or more tests may be needed.

[NOTE: If x-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

RETURN PROMPTLY or contact your doctor if any of the following occur:

-- Pain becomes worse or spreads into your arms
-- Weakness or numbness in one or both arms or legs
-- Loss of bowel or bladder control

CHEST WALL PAIN

Smokers get pains in their chest on a regular basis. We think this is from damage to the lungs causing clogging of the air vessels in the lungs.

Based on our evaluation here, we don't think this is a heart attack or other acutely serious type of chest pain.

However, this is a warning that you are likely developing damage to your lungs from smoking.

This is a sign that you should stop smoking.

Compartment Syndrome Observation

Compartment Syndrome is when one of the muscular "compartments" (areas between strips of
gristle) in the arm or the leg gets very swollen and painful. If the swelling is enough, it will exceed 25 mm Hg, which will then prevent capillary blood flow to the muscles in the compartment. This causes the muscle to die. Later, the swelling can compress nerves and blood vessels, causing numbness and pain in the hand or foot. It may even cut off circulation to the hand or foot by compressing the arteries.

If one of the muscular compartments of your arm or your leg become very tense and swollen, all the way from one joint to another, return to the ED.

We can test for compartment syndrome with a device called a "Stryker" that measures compartment pressures.

If you have compartment syndrome, you need surgery called a fasciotomy, to open up the compartment and relieve the pressure.

CONJUNCTIVAL ABRASION

The conjunctiva is the covering of the white part of the eye. It is very painful when injured. However, it heals rapidly and the pain usually disappears within 24-48 hours. An eye patch is not needed and may make things worse. An antibiotic ointment or eye drops may also be used to prevent infection.

HOME CARE:
1) You may put a cold pack (ice in a plastic bag, wrapped in a towel) on your eye for 20 minutes at a time to reduce pain.
2) You may take Tylenol (acetaminophen) or Advil (ibuprofen) every six hours, unless another pain medicine has been prescribed.

FOLLOW UP:
-- If the pain continues for more than 48 hours, you should have another exam. Return to this facility or see an eye doctor for this exam.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Increasing eye pain or pain that does not improve after 24 hours
-- Discharge from the eye
-- Increasing redness of the eye or swelling of the eyelids
-- Worsening vision

CONJUNCTIVITIS, VIRAL

Viral Conjunctivitis (sometimes called "Pink Eye") is a common infection of the eye. This infection is very contagious. Touching your eye then touching another person passes this infection. You can also spread it from one eye to the other in this same way. The most common symptoms include a discharge from the eye, swollen eyelids, redness, and a gritty or scratchy feeling in the eye. This will take about 7-10 days to go away.

HOME CARE:
1) Antibiotic eye drops will not help, and may cause problems. Naphcon-A drops (an antihistamine-decongestant) may take some of the redness out. Naphcon-A drops are available without a prescription.
2) Apply a towel soaked in warm water to the affected eye 3-4 times a day (just before applying medicine to the eye).
3) It is common to have mucus drainage during the night, causing the eyelids to become crusted by morning. Use a warm wet cloth to wipe this away.
4) Wash your hands before and after touching the affected eye to prevent spreading the infection to your other eye and to others.
5) Avoid sharing towels, washcloths and pillows with others since this may spread the infection.
6) This illness is contagious during the first week, and children with this illness should be kept out of day care and school until the redness clears.

FOLLOW UP with your doctor or this facility as directed, or if there has not been improvement within five days.
RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Worsening vision
-- Increasing pain in the eye
-- Increasing swelling or redness of the eyelid
-- Redness spreading around the eye
-- Large amount of green or yellow drainage from the eye
-- Severe itching in or around the eye

CONTACT DERMATITIS
The rash you have is a reaction to an irritant that you came in contact with. This may be due to any of the following: plants (such as poison oak or ivy); chemicals (such as hair dyes and rinses, soaps, solvents, waxes, fingernail polish, deodorants); tight clothing (bras and girdles). Jewelry or watchbands made of nickel can also cause a reaction.

The rash may itch or feel irritated. It is not contagious. Treatment requires avoiding contact with whatever caused the reaction. It also includes treating the skin with medicine to reduce irritation.

HOME CARE:
1) If your reaction is due to a plant exposure it is important to wash all of the plant oils off your skin. Use ordinary soap and water on your skin. Wash any clothes you were wearing in hot water with ordinary laundry detergent.
2) If you itch a lot, avoid tight clothing and anything that heats up your skin (hot showers/baths, direct sunlight). This will tend to make the itching worse. Use ice packs to reduce redness and itching.
3) Keep fingernails short. Put cotton socks or mittens on young children at night so they don’t scratch.
3) For weeping, blistered areas apply cold compresses. Make compresses by dipping a face cloth in a solution of one pint of cold water with one tablespoon of white vinegar or one packet of Domeboro Powder (available at drug stores). Do this for 30 minutes three times a day. Keep the solution refrigerated for future use. If large areas of skin are involved, you may take a lukewarm bath with one cup of cornstarch added to the water.
4) Hydrocortisone cream is available over the counter. This may be used for redness and irritation, if another cream has not been prescribed. Do not use creams or sprays that contain Benadryl (diphenhydramine), lidocaine, or benzocaine: all may cause further allergic reactions. Instead, get something that contains pramoxine, which works quite well and does not cause additional allergy. Pramoxine is found in Caladryl Clear, ItchX, and GoldBond anti-itch cream.
5) Benadryl by mouth (an antihistamine available at drug and grocery stores) may reduce itching. Use lower doses during the daytime and higher doses at bedtime since it may cause drowsiness.
6) Itching is a form of pain. Unless there is a reason for you not to take these, I recommend taking generic Aleve (naproxen), one pill twice a day with food. On top of this, you may take two extra-strength Tylenol (acetaminophen) tablets three times a day.

FOLLOW UP with your doctor or this facility as directed.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Spreading of the rash to other parts of the body
-- Severe swelling of the face, eyelids, mouth, throat or tongue
-- Difficulty urinating due to swelling in the genital area
-- Signs of infection in the areas of broken blisters:
  = spreading redness
  = yellow-brown crusts form over the open blisters
  = fever over 100.5

DIARRHEA, Bacterial
You have gastro-enteritis which is another name for an infection in the intestinal tract. Although most of the time this is due to a virus ("stomach flu"), you may have a more serious bacterial infection. This may cause fever, vomiting, stomach cramping and diarrhea. There may also be blood or mucus in the stool.
Antibiotics are often used to treat this type of infection.

**HOME CARE:**
1) If symptoms are severe, rest at home for the next 1-2 days.

2) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for fever or muscle aching.

3) If antibiotic or anti-diarrheal medicine was prescribed take it exactly as directed. Missing doses or taking more than advised may cause more problems.

**FOLLOW UP** with your doctor or as advised if you are not improving over the next two days. If a stool (diarrhea) sample was taken, you may call in 2 days (or as directed) for the results.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- Severe constant right-sided lower abdominal pain
- Vomiting (unable to keep liquids down)
- Frequent diarrhea (more than 5 times a day); blood (red or black color) or mucus in diarrhea
- Weakness, dizziness, fainting or extreme thirst
- Fever over 101.0º F (38.3º C) for more than 3 days

**ATOPIC DERMATITIS** (ECZEMA)
Atopic dermatitis is a dry itchy red rash that comes and goes. It affects people of all ages. It is not contagious. It is most common in people with asthma, hay fever, hives or dry sensitive skin. The rash may be set off by extreme heat, heavy sweating, skin irritants (wool or silk clothing, grease, oils, some medicines, harsh soaps and detergents) or emotional stress.

Scratching can irritate the skin more and make the rash worse. Scratching may also lead to infection. Treatment is aimed at relieving the itching and local inflammation.

**HOME CARE:**
1) Bathe every 1-2 days. Don’t bathe too often. Keep baths or showers short (about 5 minutes) and use cool water.

2) Use a neutral pH soap with moisturizer such as Dove, Camay, Caress or Cetaphil.

3) Apply a moisturizing lotion after bathing to prevent dry skin. Products containing Lanolin or Aloe Vera are fine. Nivea is good.

4) Avoid skin irritants (listed above). Wear absorbent, soft fabrics next to the skin rather than rough or scratchy materials.

5) Use mild laundry soap (Tide, Ivory) and rinse all the soap out of the clothes before drying.

6) Treat any early sign of skin infection right away with an antibiotic cream (for example, Bacitracin or Polysporin).

7) Unless another medicine was prescribed, use over-the-counter and Benadryl tablets (or syrup for children) to help control the itching and inflammation. Benadryl causes drowsiness and may be helpful when taken at bedtime to prevent itching at night.

8) Hydrocortisone cream may gradually start to help with the itching. Creams and lotions with Pramoxine will numb the skin and prevent itching - they offer immediate relief. Examples include Caladryl Clear and certain Aveeno products.

**FOLLOW UP:** Make an appointment with your doctor in the next week if there is no improvement.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- Increasing area of redness or pain in the skin
- Yellow crusts or wet drainage from the rash
- Pus from the rash

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**Essential Tremor**
This is shaking, usually of the arms.
You should follow up with a primary care doctor and, if appropriate, a neurologist.

Sometimes, medications such as beta blockers will help this. One side effect of these is tiredness. Another is sometimes a low blood pressure, especially if you stand up suddenly. Stand up slowly if taking one of these beta blockers.

Fingertip avulsion

You tore off part of your fingertip.

Leave the dressing in place for two days, keep it clean and dry. Then, once or twice a day, take off the dressing and gently clean with mild soap and warm water. After cleaning, let it dry, then apply just a bit of Bacitracin ointment (available without a prescription at any drugstore) and a fingertips bandaid.

FRACTURE: Avulsion Fracture, Base of Fifth Metatarsal

You have a FRACTURE (break) of the base your fifth metatarsal called an avulsion fracture. This will cause pain, swelling and sometimes bruising. It will take about four weeks to heal.

HOME CARE:
1) Keep your leg elevated to reduce pain and swelling. This is very important during the first 48 hours.
2) Place an ice pack on the injured area for 20 minutes every 2 hours for the first day. Continue this 3-4 times a day for the next two days.
3) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine has been prescribed.
4) You should use the Reese or cast shoe, or another shoe with a rigid sole, to protect the area. Use crutches as needed.

FOLLOW UP with the orthopedic surgeon or podiatrist as advised.

FRACTURE: Base 5th Metatarsal

You have a FRACTURE (broken bone) of the foot - an avulsion fracture of the base of the fifth metatarsal bone. This causes local pain, swelling and sometimes bruising. It will take at least four weeks for this to heal.

These kind of fractures do not require a cast. A shoe with a rigid sole is best while you have this.

HOME CARE:
1) Keep your leg elevated when sitting or lying down. This is very important during the first 48 hours.
2) If you have a cast or splint, keep the cast/splint completely dry at all times. When bathing, protect the cast/splint with a large plastic bag, rubber-banded at the top end. If a fiberglass cast or splint gets wet, you can dry it with a hair-dryer.
3) Place an ice pack on the splint/cast over the injured area for 20 minutes every 2 hours during the first day. Continue this 3-4 times a day for the next two days.
4) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.
5) If you have a FIBERGLASS or PLASTER SPLINT:
   -- Do not remove the splint, unless you were told to do so.
   -- Use crutches or a walker and do not put weight on the splint or it will break. (These can be rented at many pharmacies or surgical/orthopedic supply stores).
6) If you have a WALKING CAST:
   -- Do not walk on it until it has fully dried or else it will break. PLASTER: wait 48 hours; FIBERGLASS: wait 2 hours.
**FOLLOW UP** with your doctor as advised. The splint/cast should be checked in 24 HOURS to be sure that it has not become too tight from swelling. If you were not given an appointment for this, check it yourself by looking for the warning signs listed below.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- A plaster cast or splint becomes wet or soft
- A fiberglass cast or splint remains wet for more than 24 hours
- Increased tightness or pain under the cast or splint
- Toes become swollen, cold, blue, numb or tingly

**Frenulum Laceration**

The FRENULUM is a little piece of tissue that connects the upper lip and the gums. It is totally unneeded. Indeed, it is sometimes cut surgically to improve a speech impediment. If it rips, it doesn't need to be repaired. Expect a small amount of bleeding for the next day or so. See your doctor if any additional concerns.

**GOUT and PSEUDOGOUT**

Gout or "gouty arthritis" (and similar things like pseudogout) is an inflammation of the joint due to a build-up of crystals in the joint fluid. Gout occurs in people with excess uric acid in their system, pseudogout from calcium crystals. Gout and pseudogout cause a hot, red, swollen and painful joint. If you have had one episode of gout or pseudogout, you are likely to have another. If these attacks become frequent it may be necessary to take a daily medicine to correct this.

**HOME CARE:**
1. Use ice packs for 20 minutes every 2-4 hours to reduce pain and swelling.
2. Drink extra fluid to help flush the crystals through your kidneys.
3. Rest painful joints. If gout or pseudogout affect the joints of your foot or leg, you may want to use crutches for the first few days to keep from bearing weight on the foot or leg.
4. Anti-inflammatory medicine is used for this condition such as Indocin (indomethacin), ibuprofen (Motrin, Advil), naproxen (Naprosyn or Aleve). Tylenol will not be effective. If narcotic pain medicines have been prescribed, they should be used in addition to the anti-inflammatory drugs and only for severe pain. Avoid aspirin since this may slow down the flushing of the crystals through your kidneys.

**PREVENTING FUTURE ATTACKS:**
- Foods high in purine form uric acid in the body and increase your risk for a gout attack. Therefore, if you have gout, **avoid** the following foods: certain seafoods (anchovies, sardines, shrimp, scallops, herring, mackerel); wild game, meat extracts and meat gravies; organ foods (kidney, liver, calf brain, sweetbreads).
  - If you have gout, **limit** the following foods to one serving a day: red meat and pork, fish, poultry, dried beans and peas, asparagus, mushrooms, cauliflower and spinach.
  - If you are overweight, this is a risk factor and you should talk to your doctor about a weight reduction plan. However, **avoid** fasting or extreme low calorie diets (less than 900 cal/day) which will increase uric acid levels in the body.
  - If you have gout, minimize or avoid alcohol use. Excess alcohol intake can cause a gout attack.
  - Avoid injury to the involved joint since this can lead to a gout or pseudogout attack.

**FOLLOW UP** with your doctor as advised or if you are not improving after three days of treatment.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- Fever over 100.5 with worsening joint pain
- Increasing redness around the joint
- Pain developing in another joint
- Repeated vomiting, abdominal pain, or blood in the vomit or stool (black or red color)

**GUNSHOT WOUND**

Your exam today did not show injury to any deep organs or tissues. Sometimes a deeper injury may not be
found during the first exam. So, watch for the signs below. If bullet fragments are left in place, it is because removing them may cause more injury to the nearby tissues. If a fragment is left in place, scar tissue will form around it. Once healing is complete, fragments usually do not cause any symptoms.

**HOME CARE:**

1) Keep the wound clean and dry. If a bandage was applied and it becomes wet or dirty, replace it. Otherwise, leave it in place for the first 24 hours.

2) If the wound was left open or if sutures were used, clean the wound daily:
   - After removing the bandage, wash the area with soap and water.
   - After cleaning, apply a thin layer of Bacitracin ointment. This will keep the wound moist and make it easier to remove the stitches. Reapply the bandage. (Bacitracin is available without a prescription in any pharmacy.)
   - You may shower as usual after the first 24 hours, but do not soak the area in water (no tub baths or swimming) until the sutures are removed.

3) If a tape closure was used, keep the area clean and dry. If it becomes wet, blot it dry with a towel. After the tape has been removed it is safe to resume your usual activities.

4) If bleeding occurs from the wound, cover with a gauze or towel and apply firm direct pressure without letting go for 5 full minutes by the clock. This gives time for a clot to form. If this does not stop bleeding, return to the hospital promptly.

**FOLLOW UP:** Most skin wounds heal within ten days. However, even with proper treatment, a wound infection may occur. Check the wound daily for signs of infection listed below. Stitches should be removed from the face within five days; stitches should be removed from other parts of the body within 7-14 days. If surgical tape was used, remove them yourself after seven days unless told otherwise.

[NOTE: A radiologist will review any X-rays taken. We will notify you of any new findings that may affect your care.]

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

- Increasing pain in the wound; or fever over 99.5°F (37.5°C)
- Redness, swelling, or pus coming from the wound
- Numbness near the wound, at the time of suture removal
- Continued bleeding from the wound that is not controlled with direct pressure
- For chest back or abdomen wounds, watch for shortness of breath, painful breathing, increasing back or abdomen pain, weakness, dizziness or fainting

**SPINAL HEADACHE**

Your headache is from cerebrospinal fluid leaking out the hole where your spinal tap/epidural was.

This has been fixed with a blood patch.

If you have problems, call the Mercy Anaesthesia Department.

**Hematoma**

A hematoma is a collection of blood, sometimes clotted, under the skin or in a muscle. This is NOT the kind of blood clot that breaks off and goes to your lung.

Expect the area, and the area below the hematoma, to get very impressively bruised.

**HIP FRACTURE**

You have a fracture of the hip. There is a bruise with swelling and some bleeding under the skin. This takes a few weeks to heal.
**HOME CARE:**
1) use crutches or a walker and keep your left foot flat on the ground.

2) If you are not able to get to the bathroom easily or take care of your meal preparation, home health care may be available to provide in-home nursing services. Check with your doctor, the hospital’s social service department or through private nursing agencies to see if your insurance will cover this kind of care.

3) Apply an ice pack (crushed or cubed ice in a plastic bag, wrapped in a towel) for 20 minutes every 2-4 hours during the first two days after a new injury.

4) You may use Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

**FOLLOW UP** with your doctor or as advised by our staff if your symptoms do not begin to improve after one week.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- Pain becomes worse
- Swelling, pain or redness below your knee
- Chest pain or shortness of breath

**Hypothermia**
Excess exposure to cold causing a low body temperature.

You are fine now. To prevent hypothermia:
- Eat well: food energy keeps you warm.
- Keep dry: wet clothes suck the heat out of you.
- Wear warm-when-wet clothes: wool or fleece. Do NOT wear cotton! Wet cotton is useless as insulations.
- Wear windproof and waterproof clothing when appropriate.
- Always carry two large plastic leaf bags with you - they can serve as survival shelter. Pull one up over your legs, and pull the second one over your head - then rip a small hole for your face.

**INFLUENZA**
[Adult]
Influenza, also called "the flu", is a viral illness that affects the air passages of the lungs. It differs from the common cold. It is highly contagious. It may be spread through the air by coughing and sneezing or by direct contact (touching the sick person and then touching your own eyes, nose or mouth).

Illness starts 1-3 days after exposure and lasts for 1-2 weeks. Antibiotics are usually not needed unless a complication appears (ear or sinus infection, or pneumonia).

Symptoms may be mild or severe and can include extreme tiredness (wanting to stay in bed all day), chills, fevers, muscle aching, soreness with eye movement, headache and a dry hacking cough.

**HOME CARE:**
1) If symptoms are severe, rest at home for the first 2-3 days. Don't let yourself become overly tired when returning to your activities.
2) Avoid exposure to cigarette smoke (yours or others).
3) Tylenol or ibuprofen (Advil) or naproxen (Aleve) will help fever, muscle aching and headache. To avoid risk of liver injury, aspirin should not be used in children and teenagers under 18 with this illness. But better than Tylenol or Advil or Aleve is a hot bath - it helps the muscle aches and heat (fever) helps kill off the virus.
4) Nausea and loss of appetite are common. A light diet is recommended. Avoid dehydration by drinking 6-8 glasses of fluids per day (water, soft drinks, juices, tea, soup, etc.). Extra fluids will also help loosen secretions in the nose and lungs.
5) Saline nasal spray (e.g., Ocean spray) will help clear out the nose.
**FOLLOW UP** with your doctor or as directed by our staff if you are not improving over the next week.

**NOTE:** If you are age 65 or older, or if you have chronic asthma or COPD, we recommend a **PNEUMOCOCCAL VACCINATION** every five years and a yearly **INFLUENZA VACCINATION** (FLU-SHOT) every autumn. Ask your doctor about this.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- Cough with lots of colored sputum (mucus) or blood in your sputum
- Chest pain, shortness of breath, wheezing or difficulty breathing
- Severe headache, face, neck or ear pain
- Fever over 101.5 for more than three days
- Confusion, behavior change or seizure
- Severe weakness or dizziness

**INSECT BITE**
You have been stung or bitten by an insect.

There may be redness, swelling and itching.

**HOME CARE:**
1) Wash the area with soap and water once a day. Watch for any signs of infection (below).
2) If itching is a problem, avoid anything that heats up your skin (hot showers/baths, direct sunlight) since this will make itching worse. You may use an over-the-counter anti-itch spray or cream (medicine with pramoxine in it). Examples include ItchX cream, GoldBond cream, and some Aveeno products.
3) An ice pack applied 20 minutes at a time every 1-2 hours will reduce local areas of redness and itching.
4) You may also use acetaminophen (Tylenol) or ibuprofen (Motrin, Advil) for pain.

**ITBS**
You have an irritated Iliotibial Band, which is known as ITBS (Ilio Tibial Band Syndrome). This is the lateral (outside) part of the thigh.

**HOME CARE:**
1) Rest your hip by limiting your walking for the next 1-2 days. If CRUTCHES have been recommended, do not bear full weight on the injured leg until you can do so without pain. If you play sports, you may resume these activities when you are able to hop and run on the injured leg without pain.

2) Get a blue foam roller, available at Dick's Sporting Goods and similar places. Lay this on the floor, then lay on top of it, on your side, so the iliotibial band is on top of the roller. Roll your body toward your had, then toward your feet. The blue foam roller will massage your iliotibial band as you roll on top of it. This will hurt but make you get better much quicker. Do this for a few minutes at least four times a day until better.

3) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

**FOLLOW UP** with your doctor or as advised by our staff if your symptoms do not begin to improve after one week.

**KIDNEY STONE**
The sharp cramping pain and nausea/vomiting that you have is due to a small stone which has formed in the kidney.

Once you have had a kidney stone there is a risk for recurrence sometime in the future.

**HOME CARE:**
1) Drink lots of fluid (at least 8-10 glasses of water a day).

**FOLLOW UP** with your doctor especially if you are still having pains for another 48 hours.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

- Pain that is not controlled by the medicine given
- Repeated vomiting or unable to keep down fluids
- Weakness, dizziness or fainting
- Fever over 99.5 F
- Passage of dark red urine or lots of blood clots
- Unable to pass urine for 8 hours and increasing bladder pressure

**LACERATION**

A LACERATION is a cut through the skin. This will usually require stitches if it is deep. Minor cuts may be treated with a tape closure or skin glue.

**HOME CARE:**

1) **EXTREMITY, FACE or TRUNK WOUNDS:** Keep the wound clean and dry. If a bandage was applied and it becomes wet or dirty, replace it.
   - If sutures were used, clean the wound twice a day
   - After removing the bandage, wash the area with soap and water.
   - After cleaning, apply a thin layer of Bacitracin ointment. (Bacitracin is available without a prescription at any drugstore.) This will keep the wound clean and make it easier to remove the stitches. Reapply the bandage.
   - You may shower as usual, but do not soak the area in water (no tub baths or swimming) until the sutures are removed.
   - If a tape closure was used, keep the area clean and dry. If it becomes wet, blot it dry with a towel. After the tape has been removed it is safe to resume your usual activities.
   - If skin adhesive was used, do not scratch, rub or pick at the adhesive film. Do not place tape directly over the film. Do not apply liquid, ointment or creams to the wound while the film is in place. Do not clean the wound with peroxide and do not apply ointments. Avoid activities that cause heavy sweating until the film has fallen off. Protect the wound from prolonged exposure to sunlight or tanning lamps. You may shower as usual but do not soak the wound in water (no baths or swimming). The film will fall off by itself in 5-10 days.

2) **SCALP WOUNDS:** You may shower and shampoo your hair normally. Do not touch the stitches. Do not soak your scalp in the tub or go swimming until the stitches have been removed.

3) **MOUTH WOUNDS:** Eat soft foods to reduce pain. If the cut is inside of your mouth, rinse after each meal and at bedtime with a mixture of equal parts water and Hydrogen Peroxide (do not swallow!). Or, you can use a cotton swab to directly apply Hydrogen Peroxide onto the cut.

**FOLLOW UP:** Most skin wounds heal within ten days. Mouth and facial wounds heal within five days. However, even with proper treatment, a wound infection may sometimes occur. Therefore, you should check the wound daily for signs of infection listed below.

Stitches should be removed from the face within five days; stitches should be removed from other parts of the body within 7-14 days. If dissolving sutures were used in the mouth, these will fall out or dissolve without the need for removal. If TAPE CLOSURES were used, remove them yourself after five days unless told otherwise. If skin glue was used, the film will fall off by itself in 5-10 days.

**RETURN PROMPTLY** or contact your doctor if any of the following SIGNS of INFECTION occur:

- Increasing pain in the wound; or fever over 100.0 (oral)
- Redness, swelling, or pus coming from the wound
- If sutures come apart of fall out or if tape falls off before your next appointment
- If the wound edges re-open
- Numbness near the wound, at the time of suture removal
LACERATION
your laceration was repaired with fast-absorbing gut. The stitches will fall out in about a week.

A LACERATION is a cut through the skin. This will usually require stitches if it is deep.

HOME CARE:
1) EXTREMITIES, FACE or TRUNK WOUNDS: Keep the wound clean and dry. If a bandage was applied and it becomes wet or dirty, replace it. Otherwise, leave it in place for the first 24 hours.
   -- If sutures were used, clean the wound daily:
      -- After removing the bandage, wash the area with soap and water.
      -- After cleaning, apply a thin layer of Neosporin or Bacitracin ointment. This will keep the wound clean and make it easier to remove the stitches. Reapply the bandage.
      -- You may shower as usual after the first 24 hours, but do not soak the area in water (no tub baths or swimming) until the sutures are removed.

2) SCALP WOUNDS: During the first two days, you may carefully rinse your hair in the shower to remove blood, glass or dirt particles. After two days, you may shower and shampoo your hair normally. Do not touch the stitches. Do not soak your scalp in the tub or go swimming until the stitches have been removed.

3) MOUTH WOUNDS: Eat soft foods to reduce pain. If the cut is inside of your mouth, rinse after each meal and at bedtime with a mixture of equal parts water and Hydrogen Peroxide (do not swallow!). Or, you can use a cotton swab to directly apply Hydrogen Peroxide onto the cut.

FOLLOW UP: Most skin wounds heal within ten days. Mouth and facial wounds heal within five days. However, even with proper treatment, a wound infection may sometimes occur. Therefore, you should check the wound daily for signs of infection listed below.

RETURN PROMPTLY or contact your doctor if any of the following SIGNS of INFECTION occur:
   -- Increasing pain in the wound; or fever over 100.0 (oral)
   -- Redness, swelling, or pus coming from the wound
   -- If sutures come apart or fall out or if tape falls off before your next appointment
   -- If the wound edges re-open
   -- Numbness near the wound, at the time of suture removal

LACERATION, HAND
A LACERATION is a cut through the skin. This will usually require stitches if it is deep. Minor cuts may be treated with surgical tape closures or skin adhesive.

HOME CARE:
1) If a bandage was applied and it becomes wet or dirty, replace it. Otherwise, leave it in place for the first 24 hours, then change it once a day or as directed.

2) If sutures were used, clean the wound twice a day. Each day, look at the wound for any of the warning signs listed below.
   -- After removing the bandage, wash the area with soap and water.
   -- After cleaning, apply a thin layer of Bacitracin ointment. This will keep the wound clean and make it easier to remove the stitches. Reapply the bandage.
   -- You may shower as usual after the first 24 hours, but do not soak the area in water (no tub baths or swimming) until the sutures are removed.

3) If a tape closure was used, keep the area clean and dry. If it becomes wet, blot it dry with a towel.

4) If skin adhesive was used, do not scratch, rub or pick at the adhesive film. Do not place tape directly over the film. Do not apply liquid, ointment or creams to the wound while the film is in place. This means do not clean the wound with peroxide and do not apply antibiotic ointment. Avoid activities that cause heavy sweating until the film has fallen off. Protect the wound from prolonged exposure to sunlight or tanning lamps. You may shower as usual but do not soak the wound in water (no baths or swimming).

FOLLOW UP:
Most skin wounds heal within ten days. However, an infection may sometimes occur despite proper treatment. Therefore, check the wound daily for the warning signs listed below. STITCHES should be removed within 7-14 days. If a TAPE CLOSURE was used, remove them after seven days unless told otherwise. If skin glue was used, the film will fall off by itself in 5-10 days.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- Increasing pain in the wound
- Redness, swelling or pus coming from the wound, or fever over 100.0 (oral)
- If sutures come apart or fall out or if tape falls off before five days
- If the wound edges re-open
- Numbness near the wound, at the time of suture removal

**LACERATION, HAND**
A LACERATION is a cut through the skin. This will usually require stitches if it is deep. Minor cuts may be treated with surgical tape closures or skin adhesive.

**HOME CARE:**
1) If a bandage was applied and it becomes wet or dirty, replace it. Otherwise, leave it in place and change it once a day or as directed.
2) If sutures were used, clean the wound daily. Each day, look at the wound for any of the warning signs listed below.
   - After removing the bandage, wash the area with soap and water.
   - After cleaning, apply a thin layer of Bacitracin ointment. This will keep the wound clean and make it easier to remove the stitches. Reapply the bandage.
   - You may shower, but do not soak the area in water (no tub baths or swimming) until the sutures are removed.
3) If a tape closure was used, keep the area clean and dry. If it becomes wet, blot it dry with a towel.
4) If skin adhesive was used, do not scratch, rub or pick at the adhesive film. Do not place tape directly over the film. Do not apply liquid, ointment or creams to the wound while the film is in place. This means do not clean the wound with peroxide and do not apply antibiotic ointment. Avoid activities that cause heavy sweating until the film has fallen off. Protect the wound from prolonged exposure to sunlight or tanning lamps. You may shower as usual but do not soak the wound in water (no baths or swimming).

**FOLLOW UP:**
Most skin wounds heal within ten days. However, an infection may sometimes occur despite proper treatment. Therefore, check the wound daily for the warning signs listed below. STITCHES should be removed in 10 days. If a TAPE CLOSURE was used, remove them after seven days unless told otherwise. If skin glue was used, the film will fall off by itself in 5-10 days.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- Increasing pain in the wound
- Redness, swelling or pus coming from the wound, or fever over 100.0 (oral)
- If sutures come apart or fall out or if tape falls off before five days
- If the wound edges re-open
- Numbness near the wound, at the time of suture removal

**OLD LACERATION**
A LACERATION is a cut through the skin. This will usually require stitches if it is deep. Minor cuts may be treated with a tape closure or skin glue. There is a "golden eight hours" (though the time depends on many factors) in which to stitch a wound - after that, your skin bacteria have climbed into the wound, and stitching it is likely to cause a bad infection.

However, it is possible to do a "delayed primary closure." If you take care of the wound as described below, and it doesn't get infected, then at about 4 days after the laceration, we can sew it up just like it was within the "golden 8 hours."

**HOME CARE:**
1) **EXTREMITY, FACE SCALP or TRUNK WOUNDS:** Keep the wound clean and dry, except to clean as
below.
-- Clean the wound daily, once or twice:
  -- After removing the bandage, wash the area gently with soap and water.
  -- After cleaning, apply a thin layer of Bacitracin ointment (over-the-counter). Reapply the bandage.
-- You may shower as usual (this counts as a daily cleaning) but do not soak the area in water - no tub baths or swimming.

3) MOUTH WOUNDS: Eat soft foods to reduce pain. If part of the cut is inside of your mouth, rinse after each meal and at bedtime with a mixture of equal parts water and Hydrogen Peroxide (do not swallow!). Or, you can use a cotton swab to directly apply Hydrogen Peroxide onto the cut.

FOLLOW UP: See your followup doctor or return to the ED at about 4 days from the date/time of your laceration to get a delayed primary closure (stitches or staples).

RETURN PROMPTLY or contact your doctor if any of the following SIGNS of INFECTION occur:
-- Increasing pain in the wound; or fever over 100.0 (oral)
-- Redness, swelling, or pus coming from the wound
-- If sutures come apart of fall out or if tape falls off before your next appointment
-- If the wound edges re-open
-- Numbness near the wound, at the time of suture removal

LACERATION, SCALP
A LACERATION is a cut through the skin. This will require stitches or staples if it is deep.

HOME CARE:
1) You may shower and shampoo your hair normally.

2) Have someone help you clean your wound twice every day (when you shower and shampoo counts as once)
   -- Wash the area with soap and water.
   -- After cleaning, apply a thin layer of Neosporin or Bacitracin ointment. This will keep the wound clean and make it easier to remove the stitches.
   -- Reapply the bandage.

3) Do not put your head under water (no swimming) until the stitches or staples have been removed.

FOLLOW UP with your doctor as directed. Most scalp wounds heal within seven days. However, an infection can sometimes occur. Therefore, check the wound daily for the warning signs listed below.

Stitches or staples should be removed from the scalp in 5-7 days.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Increasing pain in the wound
-- Redness, swelling, pus coming from the wound
-- Fever over 100.0 (oral)
-- If sutures or staples open or fall out before five days
-- If the wound edges re-open

LACERATION
A LACERATION is a cut through the skin. Your laceration was closed with SteriStrips and Opsite/Tegaderm today.

HOME CARE:
Your Tegaderm/Opsite is waterproof, you may shower with it on. However, don't keep the hand in water for a long time - no swimming, nor doing dishes without rubber gloves. After it gets wet, you will notice a little fluid under it. This is normal.
After about 5-7 days, you may take off the Tegaderm/Opsite and the SteriStrips.
If this is on the hand or foot, after taking it off, you may need to use a pair of nail clippers to trim off the thick
dead skin at the edges, so they don't catch on something and rip open the wound. After taking it off, keep a bandaid or other dressing on it for a few days until the healing has finished.

**FOLLOW UP:** Most skin wounds heal within ten days. Mouth and facial wounds heal within five days. Wounds under Tegaderm/Opsite heal even faster. However, even with proper treatment, a wound infection may sometimes occur. Therefore, you should check the wound daily for signs of infection listed below.

**RETURN PROMPTLY** or contact your doctor if any of the following SIGNS of INFECTION occur:

- Increasing pain in the wound; or fever over 100.0 (oral)
- Redness, swelling, or pus coming from the wound
- If sutures come apart or fall out or if tape falls off before your next appointment
- If the wound edges re-open
- Numbness near the wound, at the time of suture removal

**Midfoot Sprain**

This is a sprain (pulled ligaments) of the top of the foot.

Tape as shown for the next few weeks, until all better.

**OCULAR MIGRAINES**

Migraines are related to changes in blood flow to the brain. This may cause throbbing or constant pain on one or both sides of the head which may last from a few hours to several days. There is usually nausea, vomiting, sensitivity to light and sound, and blurred vision. It is possible to have an ocular migraine, either before the headache occurs, or even without a headache: patches of blurry vision, or flashing lights that interfere with vision. A migraine attack may be triggered by emotional stress, hormone changes during the menstrual cycle, oral contraceptives, alcohol use, certain foods containing tyramine, eye strain, weather changes, missing meals, lack of sleep or oversleeping.

**HOME CARE FOR THIS HEADACHE:**

Take the medicine as prescribed

**PREVENTING FUTURE HEADACHES:**

1) Pay attention to those factors that seem to trigger your headache. Try to avoid these when possible. If you have frequent headaches, it is useful to keep a diary of what you were doing, feeling or eating in the hours before each attack. Show this to your doctor to help determine the cause of your headaches.

   a) If you feel that **stress** is a factor in your headaches, identify the sources of stress in your life. Find ways to release the build-up of those stresses by using regular exercise, relaxation methods, bio-feedback or simply taking time-out for yourself. For more information about this, consult your doctor or go to a local bookstore and review books and tapes on this subject.

   b) Tyramine is a substance present in the following **foods:** chocolate in large amounts, all cheeses and yogurt, except cottage cheese and cream cheese. Smoked or pickled fish and meat (including: herring, caviar, bologna, pepperoni, salami), liver, avocados, bananas, figs, raisins, and red wine. Be aware that these foods may trigger a migraine in some persons. Try eliminating these foods from your diet for 1-2 months to see if this reduces headache frequency.

**TREATING FUTURE ATTACKS:**

1) At the first sign of a headache, take time out if possible. Find a quiet comfortable place to sit or lie down and let yourself relax or sleep.

2) An ice pack applied to the forehead or area of greatest pain may help. If you are having muscle spasm and tightness of the neck, a heating pad and massage to this area may be helpful.

3) If you have been prescribed a medicine to stop a migraine headache (prochlorperazine, Imitrex, Ergostat, Caffergot, Fiorinal and others), use this at the very first warning sign of the headache (aura such as an ocular migraine or initial pain) for best results.

**FOLLOW UP** with your doctor if the headache is not better within the next 24 hours. If you have frequently
headaches you should discuss a treatment plan with your primary care doctor. Ask if you can have medicine
to take at home the next time you get a bad headache. This may avoid the need for a visit to the emergency
department in the future.

RETURN PROMPTLY or contact your doctor if any of the following occur:

- Worsening of your head pain or no improvement within 24 hours
- Repeated vomiting (unable to keep liquids down)
- Sinus or ear or throat pain (not already reported)
- Onset of a new fever along with your headache; or, stiff neck in the presence of a fever and
  headache
- Weakness in the muscles of the face, arms or legs; or, difficulty with vision, speech or walking
- Fainting, vertigo (dizziness with spinning sensation), drowsiness or confusion

Naphcon-A

Naphcon-A is an eyedrop available without a prescription at most any drugstore. (It used to be
prescription-only, but it’s over-the-counter now.)

Naphcon-A has a combination of antihistamine and decongestant. It’s good for allergic conjunctivitis.
Even with infectious conjunctivitis, it will relieve some of the irritation and redness.

Use as per the package instructions as needed for itchy, red eyes.

MEDICATION: NAPROXEN

Naproxen (brand names: Naprosyn, Anaprox, Aleve, Naprelan) is an anti-inflammatory drug which is very
useful for pain and inflammatory conditions.

The over-the-counter pills are 220 mg. Take two of these, twice a day, for 10-14 days.

DIRECTIONS FOR USE:
You may take this medicine with food to reduce stomach upset.

WHAT TO WATCH FOR:
POSSIBLE SIDE EFFECTS: Nausea, upper abdominal pain, drowsiness, dizziness, ringing in the ear -->
(Contact your doctor if these symptoms persist or become severe). Bleeding from the stomach, which may
appear as blood in vomit or stool (red or black color); rapid weight gain, leg swelling or easy bruising -->
(Contact your doctor or return to this facility promptly).
ALLERGIC REACTION: Rash, itching, swelling, trouble breathing or swallowing --> (Contact your doctor or
return to this facility promptly).

***** IMPORTANT *****

MEDICAL CONDITIONS: Before starting this medicine, be sure your doctor knows if you have any of the
following conditions:
- Stomach ulcer (active or in the past), history of vomiting blood or bloody stools
- Allergic reaction to aspirin or other anti-inflammatory medicines
- Asthma, nasal polyps or angioedema; pregnancy or breast feeding
- Liver or kidney disease; bleeding disorder

DRUG INTERACTION: Before starting this medicine, be sure your doctor knows if you are taking any of the
following drugs:
- Coumadin (warfarin), diuretics (water pills), blood pressure pills, ACE-inhibitors (Lotensin, Capoten,
  Vasotec, Zestril and others), diabetes pills, prednisone, aspirin or other anti-inflammatory drugs,
  methotrexate, probenecid

WARNINGS:
- Do not take with prednisone, other anti-inflammatory drugs or ALCOHOL since this increases the
  risk of getting a bleeding ulcer.
- DO NOT DRIVE, ride a bicycle or operate dangerous equipment while taking this medicine until
  you know how it will affect you.
Over the counter pain medications

Take Motrin (ibuprofen, Advil, Nuprin) or Aleve (naproxen) as per the bottle instructions. Aleve lasts longer. Generics are just as good as the brand name. Add Tylenol (acetaminophen, APAP): 1 gram (2 extra strength 500 mg or three regular 325 mg) up to three times a day. Do not exceed 3000 mg (3 grams) a day of Tylenol.

Over the counter pain medications

Take Motrin (ibuprofen, Advil, Nuprin) or Aleve (naproxen) as per the bottle instructions. Aleve lasts longer. Generics are just as good as the brand name. Add Tylenol (acetaminophen, APAP): 1 gram (2 extra strength 500 mg or three regular 325 mg) up to three times a day. Do not exceed 3000 mg (3 grams) a day of Tylenol.

If you were prescribed a combination of Tylenol and a narcotic, such as Vicodin (hydrocodone-APAP) or Percocet (oxycodone-APAP), take it INSTEAD of the Tylenol, not in addition to it. Once your pain gets better, you can go back to the Tylenol instead of the Tylenol-narcotic combination.

Over the counter pain medications

Take Motrin (ibuprofen, Advil, Nuprin) as per the bottle instructions. Generics are just as good as the brand name. Add Tylenol (acetaminophen, APAP): dosage as per the bottle instructions, up to three times a day.

EXTERNAL EAR INFECTION

This is an infection in the ear canal due to an overgrowth of bacteria or fungus. This most often occurs a few days after swimming or bathing when water gets in the ear. It may also occur after cleaning too deep in the ear canal with a cotton swab or other object. Sometimes hair spray and hair dyes that get into the ear canal can also cause this problem.

There may be itching, redness, drainage, or swelling of the ear canal and temporary loss of hearing.

HOME CARE:

1) Do not try to clean the ear canal since that may push pus and bacteria deeper into the canal.

2) Use the drops prescribed to reduce swelling and fight the infection. Keep your ear dry.

3) A cotton ball may be loosely placed in the outer ear to absorb drainage.

4) Unless another medicine was prescribed for pain, you may use ibuprofen (Advil, Motrin) or Tylenol.

PREVENTING FUTURE INFECTIONS:

This problem can usually be avoided simply by using an eardrop that removes the water from your ear canal, whenever you think that water is trapped there. These drops are available over-the-counter (Swim Ear, Aqua Ear and other brands). You can make your own by combining one part of vinegar (or lemon juice) with 9 parts rubbing alcohol; this can also be used to treat otitis externa, use 4 drops four times a day in the affected ear.
EXTERNAL EAR INFECTION
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2) Use the drops prescribed to reduce swelling and fight the infection. Keep your ear dry.
3) A cotton ball may be loosely placed in the outer ear to absorb drainage.
4) Unless another medicine was prescribed for pain, you may use ibuprofen (Advil, Motrin) or Tylenol.

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FOLLOW UP with your physician or this facility in one week or as instructed by our staff.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Ear pain becomes severe
-- Ear pain does not begin to improve after three days of treatment
-- Redness or swelling of the outer ear occurs or increases
-- Headache, fever or stiff neck

MIDDLE EAR INFECTION
A middle ear infection affects the space behind the eardrums. This is known as “otitis media.” This often occurs as a complication of the common cold. It is usually caused by a virus. Antibiotics only help rarely.

HOME CARE:
1) Use the Auralgan (or similar generic eardrops) every 3 hours as needed for pain. Lay down with your bad ear up. Put 3-4 drops in the ear. Stay there for about 5 minutes. This will let the drops get down to the painful eardrum.
2) If your ear is still hurting in a day or two, start taking the antibiotic. Take the antibiotic until gone even though you may feel better after the first few days.
3) Use Tylenol or ibuprofen (Motrin, Advil) or Naproxen (Aleve) to control fever and provide pain relief unless another pain medicine was prescribed.

FOLLOW UP with your doctor or this facility in two weeks if all symptoms have not cleared or hearing does not return to normal within one month.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Ear pain gets worse or does not improve within two days of treatment
-- Unusual drowsiness or confusion
-- Neck pain, stiff neck or headache
-- Any drainage from the ear canal
-- Fever over 100.5 after three days of antibiotic treatment

**Over-Anticoagulation.**

**Your blood is too thin.**

Avoid situations where you could get an injury with bleeding.

If you get bad bleeding, call 9-1-1.

**Stop your Coumadin.**

Contact your doctor to find out when to start your Comadin again.

**PACKING CHANGE**

You had your packing changed today from your incision and drained performed at a prior visit. (Or, it already fell out.)

**HOME CARE:**

1) Warm soaks 20 minutes four times a day until the area is all scabbed over.

2) Continue antibiotics if you were prescribed them. Use Advil, Ibuprofen or Tylenol for pain unless you were prescribed something else.

3) Once the skin is scabbed over, use Bacitracin ointment (available without a prescription) or a good hand cream until the scabs soften and heal.

**FOLLOW UP** with your doctor or as advised by our staff.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

-- If any increased redness, drainage, or pain from the site
-- Fever greater than 101
-- If you develop any other concerning symptoms

**PARONYCHIA**

Paronychia is an infection alongside the fingernail or toenail. It usually occurs from an opening in the cuticle or an ingrown toenail which lets bacteria under the skin.

If there is pus present, the infection will need to be drained. If the infection is early, antibiotic treatment alone may be all that you need. Healing will take about 1-2 weeks.

**HOME CARE:**

1) If the finger or toe was drained, and if your doctor has asked you to change the dressings at home, then follow the advice below:

   -- Twice a day for the first three days, remove the bandage and hold your finger or toe under a faucet of warm water, or soak it in a cup of warm water. Let it clean and soak in this stream of water or cup of water for five or better ten minutes.
   -- Clean any remaining crust away with a cotton tipped applicator (Q-tip) soaked in peroxide.
   -- Apply Bacitracin, Neosporin or other antibiotic ointment.
-- Cover with a bandage or Band-Aid until the area is dry and there is no more drainage.

2) Change the dressing daily or whenever it becomes soiled.

3) If you were prescribed antibiotics, take them as directed until they are all gone.

4) You may use Tylenol or Ibuprofen (Advil, Motrin) for pain unless another pain medicine was prescribed.

FOLLOW UP with your doctor or this facility as explained by our staff.

RETURN PROMPTLY or contact your doctor if any of the following occur:
--- Increasing redness around the wound
--- Red streaks in the skin leading away from the wound
--- Increasing local pain or swelling
--- Fever over 99.5 oral

PATELLER TENDON RUPTURE
You have a rupture (near or complete tear) of the patellar tendon at the knee. This causes pain, swelling and sometimes bruising, and often an inability to extend the knee. This may require a cast or surgery for long-term healing. A knee brace, splint or cast has been applied.

HOME CARE:
1) Keep your leg elevated raised to reduce pain and swelling. This is very important during the first 48 hours.

2) Apply an ice pack 20 minutes, every 2-4 hours the first day, then 3-4 times a day for the next two days. You can use crushed or cubed ice in a plastic bag, or a package of frozen peas or corn. Wrap the cold pack in a towel to protect the skin.

3) You may take acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.

4) Unless you were told otherwise, use crutches or a walker and do not bear weight on the injured leg. (Crutches and walkers can be rented at many pharmacies and orthopedic supply stores).

5) Keep the braced splint/cast dry. When bathing, protect it with a large plastic bag, rubber-banded at the top end. If a fiberglass cast or splint gets wet, you can dry it with a hair-dryer.

FOLLOW UP with your doctor or this facility as advised. If a cast or splint was applied, it should be checked in 24 HOURS to be sure it has not become too tight from swelling. Look for the warning signs listed below.

[NOTE: A radiologist will review any X-rays that were taken. We will notify you of any new findings that may affect your care.

RETURN PROMPTLY or contact your doctor if any of the following occur:
--- The plaster cast or splint becomes wet or soft
--- The fiberglass cast or splint remains wet for more than 24 hours
--- Increased knee pain or tightness under the brace, splint or cast
--- Toes become swollen, cold, blue, numb or tingly

MEDICATION: PEPCID
Pepcid (generic: famotidine) decreases the amount of acid in the stomach. It is used to treat stomach ulcers and "heartburn" (reflux of acid from the stomach) and related conditions. PEPCID AC is a lower strength and is available without a prescription. It can be used only to prevent or treat heartburn and indigestion. It usually begins to work within 30 minutes.

It is also excellent for immediate-type allergic reactions, either hives (urticaria) or swelling (angioedema).

DIRECTIONS FOR USE:
Take 1-2 of the 20mg over-the-counter pills up to four times a day as needed. If you get the 10mg pills, take 1-4 of them four times a day as needed. If your allergy is not getting better with this, consult your primary doctor or return to the ED.

PHARYNGITIS: STREP vs. Fusobacterium Necrophorum
Your illness today has the signs of a strep throat infection, or perhaps a worse bacterial infection, caused by the bacterium fusobacterium necrophorum. This is a contagious illness. It is spread through the air by coughing, kissing or by touching others after touching your mouth or nose. Symptoms include throat pain worse with swallowing, aching all over, headache and fever. You will be treated with an antibiotic which should make you start to feel better within 1-2 days.

HOME CARE:
1) Rest at home and drink plenty of fluids to avoid dehydration.
2) No school or work for the first 24 hours on antibiotics. You will no longer be contagious after this time and if you are feeling better, you can return to school or work.
3) Take your antibiotics for a full 10 days (unless you got a shot of penicillin), even if you feel better after the first few days of treatment. This is very important to prevent complications from the infection (such as heart disease).
4) Throat lozenges or sprays (Chloraseptic and others) will reduce pain. Gargling with warm salt water will also reduce throat pain (dissolve 1/2 teaspoon of salt in 1 glass of warm water). This is especially useful just before meals.

FOLLOW UP with your doctor or as directed by our staff if you are not improving over the next week.

RETURN PROMPTLY or contact your doctor if any of the following occur:
- Fever over 101.0°F (38.3°C) oral for three days
- Fever over 101 by the third day of treatment
- Throat pain, sinus or ear pain or headache that gets worse
- Pain in the back of your neck
- Unable to swallow liquids or open your mouth wide due to pain
- Trouble breathing or noisy breathing
- Muffled voice

PICC Line

Your PICC line is now functional after declotting by the IV team.

You may use as needed.

PITYRIASIS ROSEA
This a harmless rash probably caused by a virus. It may itch during the first 2 weeks, but does not cause fever or other viral symptoms. It will disappear in 6-10 weeks without any treatment.

HOME CARE:
1) For dry skin, use a moisturizing cream. For itchiness, use Caladryl Clear, which has pramoxine in it, 2-3 times a day. Avoid creams that have Benadryl=diphenhydramine as it can make the rash worse.
2) Twenty to thirty minute exposure to sunlight, sun lamp or tanning salon, once a day, may speed the healing time and reduce itching. Do not use suntan lotion during this treatment, since the ultraviolet light is what helps. Be careful to avoid sunburn.
3) This condition is not contagious. Your child may attend daycare or school while the rash is present.
FOLLOW UP with your doctor if the itching is not controlled by the above suggestions or if the rash lasts longer than 12 weeks (three months).

RETURN PROMPTLY or contact your doctor if any of the following occur:

-- Severe itching
-- Signs of infection in the skin (increasing redness, drainage of pus, yellow-brown scabs)
-- Fever or other symptoms of a new illness

Plantar Fasciitis

Inflammation of the fascia (gristle) that goes across the bottom of the foot and attaches to the front of the heel. The main treatment is stretching. If this doesn't work, it's possible to inject the area with a medicine like cortisone to reduce the inflammation.

HOME CARE:

1) Unless there is some reason you cannot take them, you may take Tylenol, Motrin (ibuprofen) or Aleve (naproxen)

2) Freeze a water or pop bottle in the freezer. Then put it on the floor. Place your foot firmly on top of it, and roll your foot back and forth while pressing down. This stretches the plantar fascia and applies cold to it.

3) Get a towel. Hold one end in each hand. Loop the middle over the ball of your foot. Pull up for 60 seconds. This will hurt but make it better. Do this about 100 times a day.

4) A better but more painful stretch is as follows. Stand about 3 feet from a wall. Stretch your leg out in front of you, so that the ball of your foot is against the wall, and your heel is on the ground. Slide the ball of your foot up as high as you can. Now, bend in close to the wall. This will stretch your calf, but also the plantar fascia. This will hurt, likely a lot, but will make the plantar fasciitis better. Hold this for a full 60 seconds. Repeat 100 times a day.

FOLLOW UP with your doctor or as advised by our staff.

Plantaris Rupture

You ruptured a useless accessory muscle/tendon in your calf, the Plantaris. This will swell and be painful. Use cold packs for 20 minutes twice a day, keep an Ace wrap on it, and elevate above the heart. If you ever need a tendon for a hand repair, tell the surgeon that you know you have a plantaris tendon available in your left calf.

Polycystic Kidney Disease

Some people develop cysts on their kidneys. Usually they are small and cause no problems. Some people, though, develop BIG cysts on their kidneys. This is your problem.

Sometimes, the cysts rupture. This can cause severe pain throughout the entire abdomen. Sometimes, you can bleed into a cyst. This causes severe pain in the cyst. Sometimes, the cyst can get big enough to cause pain just because it's so big.

The main emergency treatment is pain medicine. You should discuss long-term treatment with your family doctor or your kidney doctor.
Possible Salter I Fracture
You are very tender over a growth plate. Growth plates are cartilage and fracture in them don't show up on xray. You could have a fracture (break) there even though no fracture was seen on the X-ray. (Such a fracture is called a Salter I fracture.) Therefore, a splint or cast will be applied until you are rechecked.

**HOME CARE:**
1) Elevate the area as much as possible. This is very important during the first 48 hours.
2) Place an ice pack on the splint/cast over the injured area for 20 minutes every 2 hours for the first day. Continue with ice packs 3-4 times a day for the second and third days.
3) Keep the splint/cast completely dry at all times. Bathe with it well out of the water, protected with a large plastic bag, rubber-banded at the top end. If a fiberglass cast or splint gets wet, you can dry it with a hair-dryer.
4) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine has been prescribed.

**FOLLOW UP** with your doctor or this facility as advised. The cast/splint should be checked in 24 HOURS to be sure that it has not become too tight from swelling. Look for the warning signs below.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- The plaster cast or splint becomes wet or soft
- The fiberglass cast or splint remains wet for more than 24 hours
- Increased tightness or pain under the cast or splint
- Fingers become swollen, cold, blue, numb or tingly

Possible Posterior Urethral Valve
You may have a clog in your urethra (the tube you pee through). This can cause problems if it is there and not fixed, up to and including kidney failure. It is important that you follow up with the urologist.

**Postoperative Bleeding.**
Sometimes bleeding occurs after surgery. Yours does not appear serious.

See your surgeon as planned.

**PRAMOXINE**
There are many anti-itch creams at the drugstore. Many can actually cause allergic reactions. Avoid creams with diphenhydramine (Benadryl), benzocaine, and lidocaine. Instead, get a cream or gel that contains pramoxine. This never causes allergic reactions. Examples include Goldbond cream, ItchX cream, or Caladryl Clear.

Preseptal CELLULITIS
Preseptal Cellulitis is an infection of the tissues around the eye. It is most often due to a local bacterial skin infection from a scratch or insect bite. Sometimes a sinus infection can cause this.

**HOME CARE:**
1) Take antibiotics exactly as directed until it is finished.
2) You may use acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) for fever or pain, unless another pain medicine has been prescribed. For infants under six months of age, use only acetaminophen.

**FOLLOW UP** with your doctor or as advised by our staff.
RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Increasing swelling around the eye
-- Increasing redness
-- Fever of 100.5 (38° C) oral or 101.5 (38.6° C) rectal for more than two days on antibiotics

Pseudoseizures
Pseudoseizures are movements that look somewhat like a seizure but are not actually a seizure. They are generally thought to be caused by psychiatric problems. Treatment is not anti-seizure drugs, but psychiatric drugs.

As you have had a workup for seizures in the past and have been definitively diagnosed with pseudoseizures, there is no need for you to come to the ED or see a doctor when you have one of these "fits." You should call your neurologist or psychiatrist and arrange an appointment as soon as possible.

Peripheral Vascular Disease/Claudication
This is narrowing of the arteries, usually of the legs. If your leg turns blue, or suddenly starts hurting very bad, call your doctor right away.

Do NOT smoke! Smoking is one of the major causes of this!

FRACTURE: RADIAL HEAD
A FRACTURE is the medical term for a BROKEN BONE. This may be a small crack in the bone. It may also be a major break with the broken parts pushed out of position. This fracture takes 3-6 weeks to heal.

HOME CARE:
1) Apply an ice pack over the injured area for 20 minutes every two hours the first day. Continue this three to four times a day for the next two days.

2) You may wear a sling for comfort,

3) You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine has been prescribed.

FOLLOW UP with your doctor as advised.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Fingers become swollen, cold, blue, numb or tingly

NASAL ALLERGY
Nasal Allergy, also called "Allergic Rhinitis" occurs after exposure to pollen, molds, mildew, animal "dander" (scales from animal skin hair and feathers), dust, smoke and fumes. (These are called "allergens"). When pollen causes a nasal allergy it is commonly called "Hay Fever".

When these particles contact the lining of the nose, eyes, eyelids, sinuses or throat, they cause the cells to release a chemical called "histamine". Histamine may cause a watery discharge from the eyes or nose. It may also cause violent sneezing, nasal congestion, itching of the eyes, nose, throat and mouth.

HOME CARE:
Nasal allergy cannot be cured but symptoms can be reduced by the following measures:
1) Avoid or reduce exposure to the allergen when possible, by the following measures:
   POLLEN
-- Stay indoors on hot windy days of pollen season
-- Keep windows and doors closed
-- Use an air conditioner with an electrostatic filter

**DUST, MOLD & MILDEW**

Follow these measures, especially in the bedroom:
-- When cleaning use vacuum cleaners, oiled mops and damp cloths; don't stir up the dust.
-- Once a week clean the walls, woodwork and floors with a damp mop and vacuum carpets.
-- Once a year clean the bed frame and springs (do this outside).
-- Cover the box springs with plastic. Do not use mattress pads.
-- Remove stuffed chairs and rugs from the bedroom.
-- Discard old moldy books, furniture and bedding.
-- Use synthetic fabrics for furniture, curtains and bedding. Avoid quilts, comforters, and stuffed toys.

**DANDER**
-- Remove all indoor pets (except fish and reptiles).
-- Avoid all contact with furry animals.
-- Avoid down-stuffed pillows and coats.
-- Some persons are also sensitive to wool and should avoid it.

**OTHER IRRITANTS**
-- Do not smoke and avoid the smoke of others.
-- Some persons are sensitive to cosmetic powder, baby powder and powdered laundry detergents. Therefore, these powders should be avoided.

2) **DECONGESTANT:** If you have sinus pain, use oxymetazoline (Afrin, many generics) nasal spray twice a day for up to 10 days but no longer. (Using Afrin longer than this can make you "addicted" to Afrin: your nose actually gets more stuffy after you stop using it.) After spraying, lay flat on your back on the bed, and then hang your head over the edge a bit. Lie this way for a few minutes so the spray gets up where the sinus orifices are.

3) **ANTIHISTAMINES** block the release of histamine during the allergic response. Antihistamines are more effective when taken BEFORE symptoms develop. There are "nonsedating" antihistamines (don't make you as sleepy as earlier antihistamines like Benadryl). These include Claritin (loratadine), Zyrtec (cetirizine), and Allegra (fexofenadine). Some people like one better than the other, but they all work well. The generics are as good as the brand-name versions.

4) **STEROID nasal spray** is the main treatment. I prescribed fluticasone nasal spray for you. Unlike Afrin, this steroid nasal spray is not addicting at all and you may use it all the time. If you are using Afrin for a particularly bad attack, use the Afrin first, and 10-15 minute later use the fluticasone spray. Use two sprays in both nostrils, twice a day for the first few days, then once a day thereafter. As with the Afrin, after spraying, lay on your back with your head over the edge of the bed for a few minutes.

5) If you have **ASTHMA**, pollen season may make your asthma symptoms worse. It is important that you use your asthma medicines as directed during this time to prevent or treat attacks. Some persons with ASTHMA have a worsening of their asthma symptoms when taking ANTIHISTAMINES. If you notice this, stop the antihistamines and notify your doctor. If you have asthma, the steroid nasal spray will also help your asthma.

**FOLLOW UP** with your doctor or as directed by our staff if your symptoms are not improving with the treatment advised.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
-- Facial or sinus pain or colored drainage from the nose
-- Severe headache or ear pain
-- Fever
-- Wheezing or trouble breathing (If you already know you have asthma, return if your asthma symptoms do not respond to the usual doses of your medicine)
-- Cough with lots of colored sputum (mucus)

**LACERATION, SCALP**

A LACERATION is a cut through the skin.

Your staples should come out in about 5 days, either at your doctor's, or in any ED.
**HOME CARE:**
1) You may shower and shampoo your hair normally.

2) After drying your hair, apply a small amount of Bacitracin ointment (available without a prescription in any pharmacy. Watch out - blow dryers on hot or warm can make the staples too hot! Use the cool setting.

3) No swimming until the staples have been removed.

**FOLLOW UP** with your doctor as directed. Most scalp wounds heal within five to seven days. However, an infection can sometimes occur. Therefore, check the wound daily for the warning signs listed below.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
-- Increasing pain in the wound
-- Redness, swelling, pus coming from the wound
-- Fever over 100.0 (oral)
-- If sutures or staples open or fall out before five days
-- If the wound edges re-open
UNIVERSITY OF PITTSBURGH MEDICAL CENTER
Emergency Department
Work Release Form

UPMC Mercy
Department of Emergency Medicine
1400 Locust St
Pittsburgh, PA 15219
(412) 232-8222

This notice verifies that your student REGRESSIONTESTING ZZZCN's mother, was in this facility on 12/5/2013 2:17:00 PM with her daughter who was quite ill. She may return to school tomorrow.

Attending Physician:

Physician Extender:
**EARACHE without infection**

Earaches can happen without an infection when air or fluid builds up behind the ear drum causing pain. This usually happens most often when you have a cold because the passage that drains the middle ear becomes blocked.

The pain comes and goes. You may hear clicking or popping sounds when chewing or swallowing.

This condition does not require antibiotics and can be treated with decongestants and pain relievers. It is important to watch for signs of an ear infection, which may develop later.

**HOME CARE:**

1) **SLEEP:** Children are often fussy and hear poorly at first. A congested child will sleep best with the head and upper body propped up on pillows or with the head of the bed frame raised on a 6-inch block. An infant may sleep in a car seat placed on the bed.

2) **PAIN CONTROL:** Use Tylenol (acetaminophen) for fussiness or discomfort. In infants over six months of age, you may use ibuprofen (Children's Motrin) instead of Tylenol. (Aspirin should never be used in anyone under 18 years of age who is ill with a fever. It may cause severe liver damage.)

3) **DECONGESTANT:** Use Afrin or an equivalent over-the-counter 12-hour decongestant (oxymetazoline) for no more than 10 days. Lay on your back so the nasal spray gets back to where the Eustachian tubes drain the ears out into the throat. Also use saline/salt-water nasal spray several times a day.

**FOLLOW UP** with your doctor or as advised if your child is not feeling better after three days.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

-- Fever over 100 oral (101 rectal) for more than three days
-- Ear pain gets worse
-- Fluid draining from the ear
-- Headache, sinus or neck pain
-- Unusual fussiness, drowsiness, confusion or seizure

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**Shin Splints**

pain in the shins after exercise

Shin splints is a general medical term denoting medial tibial stress syndrome (MTSS), a slow healing and painful condition in the shins, usually caused by exercise such as running, jumping, swimming, cycling, dancing or other sports.

An Ace wrap (elastic bandage) may help. Rest may help.

There are multiple causes of shin splints. Since shin splints tend to be a chronic problem, it is important to establish a relationship with a primary care doctor, sports medicine doctor, or orthopedic doctor who can help with this on an ongoing basis. The emergency department is not a good place to seek care for shin splints.

**Passive ROM Exercises:** **SHOULDER**

Shoulder joints become stiff if left in a sling for too long. Start Range of Motion Exercises tomorrow; do 20 each of the following exercises, four times a day, while bending over at the waist:

- pendulums, back and forth from side to side
- pendulums, forward and backwards
A STRAIN is a tearing of the muscles or tendons around a joint. This may take up to six weeks to fully heal, depending on how severe it is. Moderate to severe shoulder strains are treated with a sling or "shoulder immobilizer". Minor strains can be treated without any special support.

**HOME CARE:**
1. If a sling was provided, leave it in place for the time advised by your doctor. If you are unsure how long to wear it, ask for advice. If the sling becomes loose, adjust it so that your forearm is level with the ground and the shoulder feels well supported.
2. Apply an ice pack over the injured area for 20 minutes every 2 hours for the first day. Continue this 3-4 times a day for the next few days.
3. You may take Tylenol (acetaminophen) or ibuprofen (Advil, Motrin) for pain, unless another pain medicine was prescribed.
4. Shoulder joints become stiff if left in a sling for too long. Start **Range of Motion Exercises** tomorrow; do 20 each of the following exercises, four times a day, while bending over at the waist:
   - pendulums, back and forth from side to side
   - pendulums, forward and backwards
   - circles one way
   - circles the other way
   - figure 8s one way
   - figure 8s the other way

**FOLLOW UP** with your doctor as directed if the pain does not start to improve within the next five days.

[NOTE: If X-rays were taken, they will be reviewed by a radiologist. You will be notified of any new findings that may affect your care.]

**SEE YOUR FOLLOWUP DOCTOR PROMPTLY** if you develop any of the following:
- Increasing shoulder pain or arm swelling
- Large amount of bruising of the shoulder or upper arm

**Splenic Flexure Syndrome - CONSTIPATION**

[Adult]
Constipation is present when your usual bowel movements becomes less frequent or when the stools become very hard. This may cause abdominal swelling or bloating, and painful or difficult bowel movements. Constipation is often due to a diet low in fiber. Certain medicines, especially pain medicines, can also cause constipation. This episode of constipation may be treated with enemas, suppositories, laxatives or stool softeners. Your doctor will advise you which will work best for you. It is important to follow the advice below to avoid constipation in the future.

Constipation can also cause pain in the chest called "splenic flexure syndrome." Getting rid of the constipation will usually, in a few days, get rid of the chest pain.

**HOME CARE:**
1. Take any medicines as prescribed. Laxatives are safe for occasional use, but should not be taken on a regular basis.
2. If pain medicine is a cause for your constipation, and if you need to continue taking pain medicine, you will need to use a combination of stool softeners, high fiber diet and occasional mild laxatives to prevent constipation in the future. Ask your doctor about this.

- circles one way
- circles the other way
- figure 8s one way
- figure 8s the other way
3) A diet high in FIBER with plenty of fluids each day is very important. This helps to maintain regular soft bowel movements. The following foods are good sources of dietary fiber:

- **CEREALS & BREADS**: Whole grain cereal with bran (Chex, Raisin Bran, Corn Bran), oatmeal, rolled oats, bran muffins, whole grain breads
- **FRUITS**: All fruits (fresh & dried), raisins, prunes, apricots, berries, figs
- **VEGETABLES**: Any fresh vegetables especially peas, broccoli, brussel sprouts, winter squash, green beans, cauliflower, lima beans and carrots
- **JUICES**: Fruit juices, especially prune juice
- **OTHER**: Popcorn, brown rice and lots of water

**FOLLOW UP** with your doctor or return to this facility if symptoms do not improve in the next few days.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

- No bowel movement within the next 24 hours
- Increasing abdominal pain or back pain
- Fever, vomiting, abdominal swelling
- Blood in the stool
- Weakness, dizziness, fainting
- Unexpected vaginal bleeding

**STYE**

A STYE is an inflammation of the oil gland of the eyelid. It may develop into a small abscess causing pain, redness and swelling. Early cases are treated with warm compresses. More severe cases may need to be opened and drained by the doctor.

**HOME CARE:**

1) Apply a hot wet towel to the affected eye for five minutes, 3-4 times a day. Heat will increase blood flow and speed the healing.

2) Sometimes the sty will drain with this treatment alone. If this happens, continue the warm compresses until all the redness and swelling are gone.

**FOLLOW UP** with your eye doctor or as advised if there has not been improvement within a week.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

- Increased swelling or redness around the eyelid
- Unable to open the eyelid due to swelling
- Fever
- Headache or stiff neck
-- Headache or stiff neck

SUNBURN
A sunburn is an injury to the skin caused by over-exposure to ultraviolet light from the sun. This will take 1-3 days to heal. Very severe sunburns may cause blistering and fluid draining from the skin. This is at risk for becoming infected.

HOME CARE: BURNS
1) On the first day, apply ice packs to relieve severe pain. Many spray-on or rub-on sunburn remedies are bad - cause bad reactions. Pramoxine is anesthetic which also relieves pain and does not cause these bad reactions. Pramoxine may be found in a variety of over-the-counter products, including Caladryl Clear and other.
2) If a dressing was applied, change it once a day. If the bandage sticks, soak it off in warm water.
3) Wash the burned area daily with soap and water. Pat dry with a clean towel.
4) You may take TYLENOL (acetaminophen) or IBUPROFEN (Advil, Motrin) for pain, unless another pain medicine has been prescribed.
5) When it starts peeling and gets itchy, use Caladryl Clear or a similar pramoxine-containing cream. Then, apply a good skin cream like Nivea.

FOLLOW UP:
Most sunburns heal without infection. Occasionally an infection may occur despite proper treatment. Therefore, watch for the signs of infection listed below.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Increasing pain
-- Increasing warmth and redness of the skin around the burn
-- Swelling or pus coming from the burned area
-- Fever over 100.0°F (37.8°C)

(1/19/2010)

SUTURE REMOVAL
You were seen today for a suture removal. Your wound is healing as expected. It is unlikely that you will have any further problem.

HOME CARE:
1) For the next couple of days, leave the area open with no ointments or creams.
2) Starting in a couple of days, massage the area gently a couple of times a day with a good quality face cream that includes cocoa butter. Expect the wound to take 6 months to heal completely. If you do not like the way the scar looks at that point, see a plastic surgeon.
3) You may shower and bathe as usual.

FOLLOW UP for any problems with your own doctor.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Increasing pain in the wound
-- Redness, swelling or pus coming from the wound
-- Fever over 100 (oral)
HOME CARE:

1) For the next couple of days, leave the area open with no ointments or creams.

2) You may shower and bathe as usual.

FOLLOW UP for any problems with your own doctor.

RETURN PROMPTLY or contact your doctor if any of the following occur:

-- Increasing pain in the wound
-- Redness, swelling or pus coming from the wound
-- Fever over 100 (oral)

Medial and Lateral Epicondylitis (Tennis Elbow)

A tendon is the thick fibrous cord that joins muscle to bone and causes joints to move. Tendonitis is inflammation of the tendon which may be due to overuse, injury or infection. Your tendonitis is at the elbow, which is known as Tennis Elbow as it's common after someone starts playing tennis for the first time. Symptoms include local pain, swelling and tenderness to the touch of the outer or inner bump of the elbow. Movement of the elbow, or tightening up the forearm muscles, increases the pain.

HOME CARE:

1) Ice packs are recommended for the first few days of treatment. When applied to the painful area for 20 minutes at a time, it will reduce pain and swelling. After the first 2-3 days, you may apply heat for 20 minutes at a time, using a heating pad.

2) Rest the inflamed joint and protect it from movement. The doctor may prescribe a wrist splint, which helps protect the tendon.

3) You may take ibuprofen (Advil, Motrin) or naproxen (Aleve) unless another anti-inflammatory medicine was prescribed.

4) As your symptoms improve, begin gradual motion at the involved joint.

FOLLOW UP with your doctor if not improving after the first THREE DAYS of treatment.

RETURN PROMPTLY or contact your doctor if any of the following occur:

-- Redness over the painful area
-- Increasing pain or swelling at the joint
-- Fever over 99.5 F without another obvious cause

Tobacco (Nicotine) Addiction

Smoking is one of the hardest habits to break. About half of all those who have ever smoked have been able to quit, and most of those who still smoke want to quit. It is harder to quit smoking than to stop using heroin.

Smoking causes emphysema, lung cancer, heart attacks and strokes.

It also causes premature aging of the skin, resulting in wrinkles particularly at the corners of the eyes and the back of the neck.

Here are some of the best ways to stop smoking.

KEEP TRYING:

Most smokers who try to quit, fail several times before finally reaching success. In fact, the more often you try and fail, the better your chance of quitting the next time! So, don't give up!

GO COLD TURKEY:

Most ex-smokers quit cold turkey. Trying to cut back gradually doesn't seem to work as well, perhaps because it continues the smoking habit. Also, it is possible to fool yourself by inhaling more while smoking fewer cigarettes. This results in the same amount of nicotine in your body!
GET SUPPORT:
Support programs can make an important difference, especially for the heavy smoker. These groups offer lectures, methods to change your behavior and peer support. Low-cost or free programs are offered by many hospitals, local chapters of the American Lung Association (800-586-4872) and the American Cancer Society (800-227-2345).

Support at home is important too. Non-smokers can help by offering praise and encouragement. If the smoker fails to quit, encourage them to try again!

NICOTINE PATCH AND GUM:
This is a useful addition to the above methods for smokers who can't quit on their own. The skin patch provides a steady supply of nicotine to the body. Nicotine gum gives temporary bursts of low levels of nicotine. Both methods take the edge off the craving for cigarettes.

PHARYNGITIS: Possible Fusobacterium Necrophorum
Your illness today has the signs of a strep throat infection, or something even worse than strep: *Fusobacterium necrophorum*. *F necrophorum* tends to affect people from 15-24 years of age. Strep throat and *F necrophorum* are contagious diseases. They spread through the air by coughing, kissing or by touching others after touching your mouth or nose. Symptoms include throat pain worse with swallowing, aching all over, headache and fever. You will be treated with an antibiotic which should make you start to feel better within 1-2 days. This diagnosis has not been confirmed and is may be viral.

HOME CARE:
1) Rest at home and drink plenty of fluids to avoid dehydration.

2) No school or work for the first day on antibiotics. You will no longer be contagious after this time and if you are feeling better, you can return to school or work.

3) Take your antibiotics for a full 10 days, even if you feel better after the first few days of treatment. This is very important to prevent complications from the strep infection (such as heart or kidney disease).

4) Children: Use Tylenol (acetaminophen) for fever, fussiness or discomfort. In infants over six months of age, you may use ibuprofen (Children's Motrin) instead of Tylenol. (Aspirin should never be used in anyone under 18 years of age who is ill with a fever. It may cause severe liver damage.)

   Adults: For muscle aching or throat pain, you may take ibuprofen (*Advil*, Motrin) or Tylenol unless another pain medicine was prescribed.

5) Throat lozenges or sprays (Chloraseptic and others) will reduce pain. **Gargling with warm salt water will also reduce throat pain (dissolve 1/2 teaspoon of salt in 1 glass of warm water).** This is especially useful just before meals.

FOLLOW UP with your doctor or as directed by our staff if you are not improving over the next week.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Fever over 101.0°F (38.3°C) oral for three days
-- Fever over 101 by the third day of treatment
-- Throat pain, sinus or ear pain or headache that gets worse
-- Pain in the back of your neck
-- Unable to swallow liquids or open your mouth wide due to pain
-- Trouble breathing or noisy breathing
-- Muffled voice

PHARYNGITIS, REPORT PENDING
Pharyngitis (sore throat) is often due to a virus, but can also be caused by bacteria. Both viral and strep infection can cause throat pain that is worse when swallowing, aching all over with headache and fever. Both types of infections are contagious and may be spread by coughing, kissing or touching others after touching
your mouth or nose.

HOME CARE:
1) If your symptoms are severe, rest at home for the first 2-3 days.

2) Children: Use Tylenol (acetaminophen) for fever, fussiness or discomfort. In infants over six months of age, you may use ibuprofen (Children's Motrin) instead of Tylenol. (Aspirin should never be used in anyone under 18 years of age who is ill with a fever. It may cause severe liver damage.) Adults: Take ibuprofen (Advil, Motrin) or Tylenol (acetaminophen) unless another pain medicine was prescribed.

3) Throat lozenges or sprays (Chloraseptic and others), or gargling with warm salt water will reduce throat pain (dissolve 1/2 teaspoon of salt in 1 glass of hot water). This is especially useful just before meals.

4) Take the antibiotic we prescribed. This will treat most common bacterial causes of tonsillitis.

5) Get over-the-counter Zicam lozenges and take as per the package instructions. These will shorten a cold or a viral sore throat by two days.

FOLLOW UP with your doctor as advised by our staff if you are not improving over the next week.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Throat pain gets worse
-- Headache or pain in the back of your neck gets worse
-- Unable to swallow liquids or open your mouth wide due to throat pain
-- Trouble breathing or noisy breathing
-- Muffled voice

TORTICOLLIS
Acute spasmodic torticollis is a condition of painful muscle spasm in the neck. It occurs most often in children and causes the child to hold its head to one side because it hurts too much to move from that position. It also occurs in adults. This usually is a result of sleeping with the neck in a strained position. The presence of a viral cold may also contribute to this problem. Torticollis usually goes away after a few days.

HOME CARE:
1) Apply heat to the neck muscles with a heating pad or using a hot tub or hot shower. This will help relax the muscles. Gentle massage of the muscles will also help.

2) Support the head/neck with small pillows or rolled up towels when lying down. If a neck brace was given, keep this on all the time until symptoms improve. You may remove it for bathing or applying heat or massage.

3) You may take Tylenol or ibuprofen (Advil, Motrin) for pain, unless another pain medicine has been prescribed.

FOLLOW UP with your doctor or as advised by our staff if symptoms are not improving over the next one to two days.

RETURN PROMPTLY or contact your doctor if any of the following occur:
-- Increasing neck pain
-- No relief with the medicines prescribed
-- Weakness, numbness or tingling in the arms or legs
-- Trouble swallowing or breathing
-- Loss of control of the bladder or bowels

VIRAL RESPIRATORY ILLNESS
You have an Upper Respiratory Illness (URI) caused by a virus. This illness is contagious during the first few
days. It is spread through the air by coughing and sneezing or by direct contact (touching the sick person and then touching your own eyes, nose or mouth). Most viral illnesses resolve within 7-10 days with rest and simple home remedies; although the illness may sometimes last for several weeks.

**HOME CARE:**

1. Avoid Tylenol and aspirin and combination medicine like NyQuil, DayQuil, Theraflu. They will make your nasal congestion worse and make you sick longer. Do not take Mucinex or Robitussin, they are basically useless.
2. Avoid exposure to cigarette smoke (yours or others). Smoker's colds last 3 days longer.
3. Ibuprofen (Advil, Motrin) or naproxen (Aleve) will help fever, muscle aching, headache AND COUGH.
4. Avoid over-the-counter and prescription cough medicines, such as codeine or dextromethorphan ("DM"). They are useless. Use ibuprofen (Motrin, Advil, Nuprin) or better (as it lasts longer) naproxen (Aleve) for cough. Use lots of honey, as that has scientifically been shown to be the most effective cough medicine for colds. (Get local honey, not the smuggled-in-from-China honey that has been filtered to remove all the pollen. They do this to avoid detecting that it's smuggled in from China.)
5. Use the antiviral Zinc Glucuronate, available in ZiCam lozenges. The company insists it's "homeopathic" but that's just a lie to avoid FDA regulation. Don't get the kind with Echinacea or other additives, they're all totally useless. Zinc will shorten your cold by two days and make you feel about 20% better during the cold.
6. Use a heating pad on your face. Heat helps kill the virus, and loosens the mucus in the sinuses so it can drain.
7. If your cold is not improving after 10-12 days, contact your doctor. At that point, an antibacterial and steroid nasal spray will likely help.

**FOLLOW UP** with your doctor or as advised if you are not improving over the next week.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:
- Cough with lots of colored sputum (mucus) or blood in your sputum
- Chest pain, shortness of breath, wheezing or difficulty breathing
- Severe headache; face, neck or ear pain
- Fever over 100.5 for more than three days
- Unable to swallow due to throat pain

**VIRAL RESPIRATORY ILLNESS**

You have an Upper Respiratory Illness (URI) caused by a virus. This illness is contagious during the first few days. It is spread through the air by coughing and sneezing or by direct contact (touching the sick person and then touching your own eyes, nose or mouth). Most viral illnesses resolve within 7-10 days with rest and simple home remedies; although the illness may sometimes last for several weeks. Antibiotics will not kill a virus and are generally not prescribed for this condition.

**HOME CARE:**

1. If symptoms are severe, rest at home for the first 2-3 days. When resuming activity, don't let yourself become overly tired.
2. Avoid exposure to cigarette smoke (yours or others).
3. Ibuprofen (Advil, Motrin) or naproxen (Aleve) will help fever, muscle aching, headache AND COUGH. Persons under 18 with flu-like symptoms should not take Aspirin since this may cause liver damage. Tylenol will make your nose more congested, and make you sick for another day or two, so avoid it. Combination medicines like Theraflu and Nyquil are bad and should be avoided.
4. Your appetite may be poor so a light diet is fine. Avoid dehydration by drinking 6-8 glasses of fluids per day (water, soft, drinks, juices, tea, soup, etc.). Extra fluids will help loosen secretions in the nose and lungs.
5. Over-the-counter cold medicines will not shorten the duration of the illness but may be helpful for the following symptoms: cough (ibuprofen=Motrin, honey); sore throat (Chloraseptic lozenges or spray); nasal and sinus congestion (Afrin or similar oxymetazoline nasal spray for up to 10 days BUT NO MORE, and salt water nasal spray like Ocean spary frequently); warm packs to the sinuses of the face will also help. Zinc lozenges (e.g., ZiCam), used as directed, will reduce the length of a cold by 2 days and make you feel better along the way.  

**FOLLOW UP** with your doctor or as advised if you are not improving over the next week.
**RETURN PROMPTLY** or contact your doctor if any of the following occur:

- Cough with lots of colored sputum (mucus) or blood in your sputum
- Chest pain, shortness of breath, wheezing or difficulty breathing
- Severe headache; face, neck or ear pain
- Fever over 100.5 for more than three days
- Unable to swallow due to throat pain

**VIRAL RESPIRATORY ILLNESS**

You have acute viral rhinosinusitis (a cold). This illness is contagious during the first few days. It is spread through the air by coughing and sneezing or by direct contact (touching the sick person and then touching your own eyes, nose or mouth). Most viral illnesses resolve within 7-10 days with rest and simple home remedies (14 days for smokers); although the illness may sometimes last for several weeks. Antibacterial antibiotics will not kill a virus and are generally not prescribed for this condition. However, an antiviral antibiotic, zinc gluconate, is available in the form of ZiCam lozenges. (Get the version without all the added herbal medicines, they don't help.) Use as per the package instructions. Young children may use a half a lozenge instead of a full lozenge. Zinc will reduce your cold by 2 days and make you feel maybe 20% better, provided you start it right at the beginning of a cold.

**HOME CARE:**

1) If symptoms are severe, rest at home for the first 2-3 days. When resuming activity, don't let yourself become overly tired.
2) Avoid exposure to cigarette smoke (yours or others).
3) Ibuprofen (Advil, Motrin) or naproxen (Aleve; lasts longer then ibuprofen) will help fever, muscle aching, headache AND COUGH. (Persons under 18 with flu-like symptoms should not take Aspirin since this may cause liver damage.)
4) Your appetite may be poor so a light diet is fine. Avoid dehydration by drinking 6-8 glasses of fluids per day (water, soft, drinks, juices, tea, soup, etc.). Extra fluids will help loosen secretions in the nose and lungs.
5) Nyquil, Dayquil, Theraflu and other combination cold medications will actually make your cold last 2 days longer, as will TYLENOL (acetaminophen).
6) None of the over the counter or prescription cough medicines do squat for the cough of a cold. For your cough, take ibuprofen or naproxen (Aleve). Naproxen lasts longer. The generic is as good as the brand name and lasts longer. HONEY is far more effective than cough medicines like Robitussin-DM, Delsym or Mucinex, which are basically the same as taking water. Two tablespoons of honey four times a day.

**FOLLOW UP** with your doctor or as advised if you are not improving over the next week.

Contact your doctor if any of the following occur

- Chest pain, shortness of breath, wheezing or difficulty breathing
- Severe headache; face, neck or ear pain
- Fever over 100.5 for more than three days
- Unable to swallow due to throat pain
- Not improving in 10-14 days.

**SUTURE CHECK**

Your laceration is not healing as expected. This may be due to an early infection in the wound.

**HOME CARE:**

1) Keep the wound clean and dry. If the dressing becomes wet, stained with wound fluid, or dirty, change it.

2) Change the bandage daily:
   -- Remove the old bandage and wash the wound with soap and water.
   -- Soak in clean warm water 15 minutes 3-4x/day. A Q-tip can help remove crust and dried blood.
   -- Apply an antibiotic cream or ointment such as Neosporin or Bacitracin.
   -- Reapply the bandage.
3) If antibiotics have been prescribed, take them exactly as directed until they are all gone.

**FOLLOW UP** with your doctor or this facility as advised. It is important to keep your follow-up appointment to be certain that the wound is improving.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

-- More pain, redness or swelling
-- Red streaks coming from the wound
-- Pus coming from the wound
-- Fever over 99.5°F (37.5°C) oral for more than two days

**Zinc Gluconate**

Zinc gluconate, available as the "homeopathic" Zicam lozenges, is safe and highly effective for viral colds. It is also likely effective for viral sore throats. The zinc prevents the virus from infecting cells. It blocks the ICAM receptor that cold viruses use to get into cells.

Use as per the package instructions: Dissolve one lozenge in your mouth every 3 hours while awake. Do not eat or drink for 15 minutes after it dissolves.
Patient Summary

***THIS PAGE TO BE SEPARATED AND PLACED INTO THE PATIENT’S CHART AFTER SIGNATURES ARE OBTAINED. DO NOT GIVE THIS TO THE PATIENT***

I, ZZZCN, REGRESSIONTESTING verify understanding of the Discharge Instructions and am leaving with all my valuables/belongings today 1/14/2014 10:57:51 AM.

Patient/Responsible Person___________________________________________

Discharging Provider/Nurse:

Attending Physician: ____________________

Discharging Nurse __________________________________________

Discharge Diagnosis

PERMANENT MEDICAL RECORD

For details of this discharge, please see the Electronic Health Record

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