

Need Multi-Part Forms? Go Green, Go Digital!

Printed on **Xcelerator® PLUS Digital Carbonless** by Glatfelter.

Do you want to cut costs, increase flexibility and protect the environment? Go digital with **Xcelerator® PLUS by Glatfelter**. Xcelerator® PLUS features **NatureSolv™** – the natural, organically-based carbonless solvent – guaranteed on all sheets and rolls at no extra cost.

+ PLUS Medical Center

Emergency Department Discharge Instructions

TO PATIENT, PARENT OR GUARDIAN

You have been treated for your illness or injury in our Emergency Department where we provide care for urgent medical problems. It is **NOT** complete care. If you continue to have problems, please notify your primary physician or return to the Emergency Department.

01 INSTRUCTIONS CARD GIVEN:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Wound Care | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Care of Sprains / Contusions | <input type="checkbox"/> Fever Reduction Instructions |
| <input type="checkbox"/> Cast Care | <input type="checkbox"/> Massive Head Trauma | <input type="checkbox"/> Instruction After Cast Removal | <input type="checkbox"/> Eye Care |
| <input type="checkbox"/> Instruction for Children's Illness | <input type="checkbox"/> Cold and Sinus Care | <input type="checkbox"/> Acute Back Strain | <input type="checkbox"/> Other |

02 INSTRUCTIONS AND CARE

- Take prescribed antibiotic _____ times daily.
- Take _____ as directed by physician.
- Do not drive or operate heavy machinery while taking pain medication / wearing eye patch.
- Use over the counter pain reliever for fever or discomfort.
- Increase clear liquids / bland diet / no ingestion by mouth for _____ days / weeks / months (circle one) .
- Bed rest for _____ days / weeks / months (circle one).
- Apply mild heat / ice / warm compress to affected area (circle one).
- Wear bandages and replace dressings twice daily for _____ days.
- Use over the counter pain reliever for fever or discomfort.
- Wear eye patch for _____ days for _____ hours a day.

PHYSICIAN CHECK OFF

- Dr. Johnson
- Dr. Rearden
- Dr. Loren
- Dr. Wolanyck
- Dr. Frederickson
- Dr. Marcis
- Dr. Wolfe

Return immediately to Emergency Care if the following symptoms persist for _____ days:

- | | | | |
|-------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> High Fever | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Increased Pain | <input type="checkbox"/> Redness |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Rash | <input type="checkbox"/> Bleeding | <input type="checkbox"/> Congestion |
| <input type="checkbox"/> Vertigo | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Impaired Vision | <input type="checkbox"/> Shortness of Breath |

03 SPECIAL INSTRUCTIONS

Physician's Signature _____ Date _____

Witness _____ Relationship to Patient _____

xcelerator^{PLUS}
Digital Carbonless

NatureSolv™