

**General Instructions**

- \_\_\_ Keep dressing clean and dry
- \_\_\_ Keep injured part elevated for \_\_\_ days
- \_\_\_ Ice (intermittently) to injured area for \_\_\_ hours
- \_\_\_ No weight bearing
- \_\_\_ Re-wrap ACE bandage if too loose or too tight
- \_\_\_ Crutches as needed
- \_\_\_ Signs of decreased circulation:

- Pain
- Numbness
- Coolness
- Swelling
- Tingling
- Discoloration

- \_\_\_ Take prescription(s) as directed
- \_\_\_ Encourage fluids without alcohol or caffeine
- \_\_\_ Clear liquid diet  
(Gatorade, Pedialyte, Noncaffeinated pop, etc.)
- \_\_\_ Ibuprofen / Tylenol / Aspirin for pain or fever  
Dosage \_\_\_\_\_

----**Signs of possible infection:** If any of the following signs appear, contact your physician immediately:

- Redness                      Heat                                      Fever
- Swelling                     Red Streaks                                  Drainage
- Increased Pain              Tender lumps in groin or under arm

- \_\_\_ You may return to school / work
- \_\_\_ You may **NOT** return to school / work until: \_\_\_\_\_
- \_\_\_ **Ni driving or hazardous activity for** \_\_\_\_\_

**INSTRUCTION SHEETS GIVEN:**

- \_\_\_ Cast/Sprain              \_\_\_ Animal Bites
- \_\_\_ RICES                     \_\_\_ Head injury
- \_\_\_ Gastroenteritis        \_\_\_ IM / IV
- \_\_\_ **Pain Medication Information**
- \_\_\_ Antibiotic                \_\_\_ Pain
- \_\_\_ Other: \_\_\_\_\_

**FOLLOW UP APPOINTMENT WITH:**

Dr. \_\_\_\_\_  
 On date \_\_\_\_\_ at \_\_\_\_\_

**CLINIC NOT NOTIFIED**

Call Dr. \_\_\_\_\_ at \_\_\_\_\_  
 For follow up appointment \_\_\_\_\_  
 \_\_\_ As needed

**FOR:**

- \_\_\_ Exam & Re-evaluation
- \_\_\_ Wound evaluation
- \_\_\_ Removal of sutures

**OTHER INSTRUCTIONS:**

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Attending provider: \_\_\_\_\_

**I understand that the treatment I received in the Emergency Department was rendered on an emergency basis only and that follow-up treatment may be necessary. Carefully follow the instructions on this sheet.**

**IF MY CONDITION WORSENS, I WILL CONTACT MY DOCTOR OR RETURN TO THE HOSPITAL.**

I have received aftercare instructions and have verbalized understanding.

\_\_\_\_\_  
Patient or Relative to Patient

\_\_\_\_\_  
Nurse Signature