

GENERAL CARE

The Emergency Department physician has examined and treated you on an emergency basis and feels that your problem can be treated on an outpatient basis at this time.

It is important that you read and follow the discharge instructions that you have been given and arrange for an appointment with the recommended facility or physician as directed.

1. If you were given a prescription, please have it filled as soon as possible and follow the label instructions. If you were prescribed medication for pain and sedation or muscle relaxants, do not drive or operate dangerous machinery as they may cause drowsiness. Do not drink alcohol.

2. If you had x-rays, they received a reading by the Emergency Physician on duty. The Radiologist will make the final interpretation and you may call the following afternoon for a final report.

3. If you had a culture taken, call back in 72 hours for the results.

4. If your problem continues, we recommend that you be re-examined by your family doctor, or return to the Emergency Department.

ADDITIONAL INFORMATION GIVEN

- Head Injury
- Laceration Care
- Fever (Children and Adult)
- Back & Neck Sprains
- Vomiting and Diarrhea
- Wound Care/Burn Care/Animal or Human Bites/Puncture Wound
- Urinary Tract Infection
- Eye Injury
- Sprains & Strains
- Splint & Cast Care
- Other _____
- It is your responsibility to see _____ or the physician of your choice for follow-up care.

Medications:

1. ANTACIDS: Take _____, _____ a day and at bedtime.
2. ANTIBIOTICS: Take _____, _____ a day.
3. ANTI-INFLAMMATORY: _____ (how often) _____. Take medicine with food.
4. COUGH MEDICINE: Take _____ (how often) _____. Some cough medicine may _____ or may not _____ cause drowsiness.
5. DECONGESTANT: Take _____ (how often) _____ as needed for congestion.
6. MUSCLE RELAXANT: Take _____ (how often) _____. This medicine may make you drowsy DO NOT drink alcohol, drive, or operate machinery while taking it.
7. PAIN: Take _____ (how often) _____. This medication may cause drowsiness DO NOT drink alcohol, drive or operate machinery when taking it.

Additional Instructions:

Special Medication Instructions:

Nurse Signature: _____

Patient Signature: _____

By signing, I certify that I have received and understand my treatment and instruction for follow-up care.

NOTICE TO EMERGENCY PATIENTS-FOR YOUR INFORMATION.

You will receive a separate bill from the Emergency Physician for his/her component of services rendered during your visit to the Emergency Room.

If you obtained an x-ray during your stay, you will also receive a bill from the Radiologist for that x-ray interpretation.

