ORTHOPAEDIC DISCHARGE INSTRUCTION SHEET

DIET: Resume your regular diet. Drink extra liquids over the next 2-3 days.

ACTIVITIES:
_____ Apply ice for 20 minutes, 4 times daily, for 3 days
_____ Keep operative extremity (arm/leg) elevated as much as possible.
_____ Wear or use Brace / Splint / Sling at all times.
_____ Crutches for walking.
_____ No weight on affected extremity.
_____ Weight bearing as tolerated.

WOUND CARE:
_____ Keep dressing clean and dry
_____ Do not remove dressing
_____ Remove dressing in ____ days. Then, may take shower and pat dry. Redress as necessary.

EXERCISES / SPECIAL INSTRUCTIONS:
_____ No lifting anything heavier than 10 lbs for 2 weeks.
_____ Other: ________________________________________________________________
_____ Other: ________________________________________________________________

D/C MEDICATIONS:
Each discharge medication from the pharmacy comes with a Medication Information Sheet (MIS.) Please see the MIS or Discharge Medication Worksheet (MEDRECON 508) for specifics about each medication.

DO NOT drink alcohol, drive or operate machinery while taking pain medication. Active duty personnel are reminded that narcotics will affect their urine screening tests and are authorized for use during their recovery period only.

Avoid all aspirin / NSAID based products (i.e. Motrin, Ibuprofen) until approved by your doctor. These may cause increased bleeding during the recovery period.

FOLLOW UP APPOINTMENT: Date ________________ Time: ____________________
Or call clinic and make appointment to be seen in ____________________________

In the case of any of the following events, call:

ORTHO CLINIC: 475-4213
AFTER HOURS ACCESS LINE: 1-877-832-1795
EMERGENCY ROOM 475-4286

Temperature over 100.4 degrees F
Continued drainage of blood from the wound.
Pain, not controlled by the pain medications
Increasing pain or numbness
Sudden change in the color of toes/fingers

I acknowledge understanding & receipt of written & verbal discharge instructions. All my questions at the time of discharge were answered.

Patient/responsible adult: ________________________________
Discharge RN: ________________________________