



Memorial Hospital
1101 Michigan Ave
Logansport, IN 46947-1528
(574) 753-7541

Name:	BERRY, VICKIE L		Admit Date:	5/9/2025
MRN / FIN:	10502	7585036	Discharge Date:	5/9/2025
DOB / Age:	3/1/1953	72 years	Attending:	Duong DO,Tai N
Sex / Birth Sex:	Female	Female	Copy to:	CareAware Oauth,LOGN_IN

Emergency Documentation

Document Type:	ED Patient Summary
Service Date/Time:	5/9/2025 09:37 EDT
Result Status:	Auth (Verified)

ED Patient Summary

Logansport Memorial Hospital
1101 Michigan Ave, Logansport, IN 46947
(574) 753-7541

Discharge Instructions (Patient)

Name: BERRY, VICKIE L **Current Date:** 5/9/2025 09:37:21
DOB: 3/1/1953 **MRN:** 10502 **FIN:** 7585036
Diagnosis: 1:Right knee pain; 2:Arthritis of knee, right1:Right knee pain; 2:Arthritis of knee, right
Visit Date: 5/9/2025 08:04:07
Address: 108 WESTERN AVE LOGANSPO RT IN 469474203
Phone: (574)721-6940
Primary Care Provider: Akande MD, Olusina
Phone: 5747224921
Emergency Department Providers:
Primary Physician:
Duong DO, Tai N

Logansport Memorial Hospital Emergency Department would like to thank you for allowing us to assist you with your healthcare needs. The following instructions include patient education materials and information regarding your injury/illness.

BERRY, VICKIE L has been given the following list of follow-up instructions, prescriptions, and patient education materials:

Follow-up Instructions:

With:	Address:	When:
Akande MD, Olusina		In 1 week, only if needed

Comments:

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Tylenol and ibuprofen as needed for pain. Take it easy on your right knee. Follow-up with your primary care provider in 1 week if no improvement. Follow-up sooner or come to ER if worsening or new problems develop.

Patient Education Materials:

Acute Knee Pain, Adult

Acute Knee Pain, Adult

Many things can cause knee pain. Sometimes, knee pain is sudden (acute). It may be caused by damage, swelling, or irritation of the muscles and tissues that support your knee.

Pain may come from:

- A fall.
- An injury to the knee from twisting motions.
- A hit to the knee.
- Infection.

The pain often goes away on its own with time and rest. If the pain does not go away, tests may be done to find out what is causing the pain. These may include:

- Imaging tests, such as an X-ray, MRI, CT scan, or ultrasound.
- Joint aspiration. In this test, fluid is removed from the knee and checked.
- Arthroscopy. In this test, a lighted tube is put in the knee and an image is shown on a screen.
- A biopsy. In this test, a health care provider will remove a small piece of tissue for testing.

Follow these instructions at home:

If you have a knee sleeve or brace that can be taken off:



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- Wear the knee sleeve or brace as told by your provider. Take it off only if your provider says that you can.
- Check the skin around it every day. Tell your provider if you see problems.
- Loosen the knee sleeve or brace if your toes tingle, are numb, or turn cold and blue.
- Keep the knee sleeve or brace clean and dry.

Bathing

- If the knee sleeve or brace is not waterproof:
 - **Do not** let it get wet.
 - Cover it when you take a bath or shower. Use a cover that does not let any water in.

Managing pain, stiffness, and swelling



- If told, put ice on the area.
 - If you have a knee sleeve or brace that you can take off, remove it as told.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 20 minutes, 2–3 times a day.
- If your skin turns bright red, take off the ice right away to prevent skin damage. The risk of damage is higher if you cannot feel pain, heat, or cold.
- Move your toes often to reduce stiffness and swelling.
- Raise the injured area above the level of your heart while you are sitting or lying down. Use a pillow to support your foot as needed.
- If told, use an elastic bandage to put pressure (compression) on your injured knee. This may control swelling, give support, and help with discomfort.
- Sleep with a pillow under your knee.

Activity

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- Rest your knee.
- **Do not** do things that cause pain or make pain worse.
- **Do not** stand or walk on your injured knee until you're told it's okay. Use crutches as told.
- Avoid activities where both feet leave the ground at the same time and put stress on the joints. Avoid running, jumping rope, and doing jumping jacks.
- Work with a physical therapist to make a safe exercise program if told. Physical therapy helps your knee move better and get stronger. Exercise as told.

General instructions

- Take your medicines only as told by your provider.
- If you are overweight, work with your provider and an expert in healthy eating, called a dietician, to set goals to lose weight. Being overweight can make your knee hurt more.
- **Do not** smoke, vape, or use products with nicotine or tobacco in them. If you need help quitting, talk with your provider.
- Return to normal activities when you are told. Ask what things are safe for you to do.
- Watch for any changes in your symptoms.
- Keep all follow-up visits. Your provider will check your healing and adjust treatments if needed.

Contact a health care provider if:

- The knee pain does not stop.
- The knee pain changes or gets worse.
- You have a fever along with knee pain.
- Your knee is red or feels warm when you touch it.
- Your knee gives out or locks up.

Get help right away if:

- Your knee swells and the swelling gets worse.
- You cannot move your knee.
- You have very bad knee pain that does not get better with medicine.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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Allergies: No Known Medication Allergies; No Known Allergies

Medication Information:

Logansport Memorial Hospital Emergency Department Physicians provided you with a complete list of medications post discharge. If you have been instructed to stop taking a medication, please ensure you also follow up with this information to your Primary Care Physician. Unless otherwise noted, please continue to take medications as prescribed prior to your Emergency Room visit. Any specific questions regarding your chronic medications and dosages should be discussed with your physician(s) and pharmacist.

Medications That Have Not Changed

Other Medications

amLODIPine (amLODIPine 10 mg oral tablet) 1 tab Oral (given by mouth) every day. Refills: 0.

Last Dose:_____Next Dose:_____

clopidogrel (clopidogrel 75 mg oral tablet) 1 tab Oral (given by mouth) every day. Refills: 2.

Last Dose:_____Next Dose:_____

ferrous sulfate (FeroSul 325 mg (65 mg elemental iron) oral tablet) TAKE 1 TABLET BY MOUTH EVERY OTHER DAY.

Last Dose:_____Next Dose:_____

hydrochlorothiazide (hydroCHLOROthiazide 25 mg oral tablet) 1 tab Oral (given by mouth) every day. Refills: 0.

Last Dose:_____Next Dose:_____

levothyroxine (levothyroxine 100 mcg (0.1 mg) oral tablet) 1 tab Oral (given by mouth) every day. Refills: 1.

Last Dose:_____Next Dose:_____

lisinopril (lisinopril 40 mg oral tablet) 1 tab Oral (given by mouth) every day for 90 Days. Refills: 3.

Last Dose:_____Next Dose:_____

omeprazole (omeprazole 40 mg oral delayed release capsule) 1 Capsules Oral (given by mouth) every day. Refills: 3.

Last Dose:_____Next Dose:_____

pravastatin (pravastatin 20 mg oral tablet) 1 tab Oral (given by mouth) every day. Refills: 1.

Last Dose:_____Next Dose:_____

traZODone (traZODone 50 mg oral tablet) 4 tab Oral (given by mouth) every day at bedtime as needed AS NEEDED FOR SLEEP. Refills: 3.

Last Dose:_____Next Dose:_____

venlafaxine (venlafaxine 150 mg oral capsule, extended release) 2 Capsules Oral (given by mouth) every day. Refills: 1.

Last Dose:_____Next Dose:_____

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I, BERRY, VICKIE L, has been given the following list of patient education materials, prescriptions, and follow up instructions and has verbalized understanding:

Patient (or Guardian) Signature 5/9/2025 09:37:21

Witness Signature 5/9/2025 09:37:21