



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

Name:	BERRY, VICKIE L		Admit Date:	4/11/2022
MRN / FIN:	10502	6503675	Discharge Date:	4/11/2022
DOB / Age:	3/1/1953	72 years	Attending:	Kim MD,Jin
Sex / Birth Sex:	Female	Female	Copy to:	CareAware Oauth,LOGN_IN

Emergency Documentation

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ED Patient Summary

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

Discharge Instructions (Patient)

Name: BERRY, VICKIE L **Current Date:** 4/11/2022 22:01:20
DOB: 3/1/1953 **MRN:** 10502 **FIN:** 6503675
Diagnosis: Ankle fracture, right; Foot fracture, rightAnkle fracture, right; Foot fracture, right
Visit Date: 4/11/2022 17:34:45
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:
Kim MD, Jin

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:
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Kral Varhan
Comments:

In 2 days 4/13/2022

Name: BERRY, VICKIE L

MRN / FIN: 10502

6503675

Emergency Documentation

Discharge instructions from Dr. Kim:

- Unfortunately, you broke a bone in your right ankle and in your right foot.
 - Keep the splint intact and no weightbearing until cleared by doctor taking care of you.
 - Elevate above waist level for 3 days as much as possible.
 - Apply ice for 20 minutes every 2-3 hours today and tomorrow and the day after.
 - Ibuprofen 800 mg every 8 hours today and tomorrow to decrease swelling. Then as needed.
 - Norco for pain.
 - See an orthopedic surgeon on April 13 for further care.
- Dr. Varhan and his associates are good choices.
- Seek immediate medical care with intolerable pain, not being able to move your toes, your toes turning cold and blue, or with any concerns.

Patient Education Materials:

Metatarsal Fracture; Ankle Fracture

Metatarsal Fracture

Metatarsals



A metatarsal fracture is a break in one of the five bones that connect the toes to the rest of the foot. This may also be called a forefoot fracture. A metatarsal fracture may be:

- A crack in the surface of the bone (stress fracture). This often occurs in athletes.
- A break all the way through the bone (complete fracture).

The bone that connects to the little toe (fifth metatarsal) is most commonly fractured. Ballet dancers often fracture this bone.

What are the causes?

A metatarsal fracture may be caused by:

- Sudden twisting of the foot.

Name: BERRY, VICKIE L

MRN / FIN: 10502

6503675

Emergency Documentation

- Falling onto the foot.
- Something heavy falling onto the foot.
- Overuse or repetitive exercise.

What increases the risk?

This condition is more likely to develop in people who:

- Play contact sports.
- Do ballet.
- Have a condition that causes the bones to become thin and brittle (osteoporosis).
- Have a low calcium level.

What are the signs or symptoms?

Symptoms of this condition include:

- Pain that gets worse when walking or standing.
- Pain when pressing on the foot or moving the toes.
- Swelling.
- Bruising on the top or bottom of the foot.

How is this diagnosed?

This condition may be diagnosed based on:

- Your symptoms.
- Any recent foot injuries you have had.
- A physical exam.
- An X-ray of your foot. If you have a stress fracture, it may not show up on an X-ray, and you may need other imaging tests, such as:
 - A bone scan.
 - CT scan.
 - MRI.

How is this treated?

Treatment depends on how severe your fracture is and how the pieces of the broken bone line up with each other (alignment). Treatment may involve:

Name: BERRY, VICKIE L

MRN / FIN: 10502

6503675

Emergency Documentation

- Wearing a cast, splint, or supportive boot on your foot.
- Using crutches, and **not** putting any weight on your foot.
- Having surgery to align broken bones (open reduction and internal fixation, ORIF).
- Physical therapy.
- Follow-up visits and X-rays to make sure you are healing.

Follow these instructions at home:**If you have a splint or a supportive boot:**

- Wear the splint or boot as told by your health care provider. Remove it only as told by your health care provider.
- Loosen the splint or boot if your toes tingle, become numb, or turn cold and blue.
- Keep the splint or boot clean.
- If your splint or boot is not waterproof:
 - **Do not** let it get wet.
 - Cover it with a watertight covering when you take a bath or a shower.

If you have a cast:

- **Do not** stick anything inside the cast to scratch your skin. Doing that increases your risk for infection.
- Check the skin around the cast every day. Tell your health care provider about any concerns.
- You may put lotion on dry skin around the edges of the cast. **Do not** put lotion on the skin underneath the cast.
- Keep the cast clean.
- If the cast is not waterproof:
 - **Do not** let it get wet.
 - Cover it with a watertight covering when you take a bath or a shower.

Activity

- **Do not** use your affected leg to support your body weight until your health care provider says that you can. Use crutches as directed.
- Ask your health care provider what activities are safe for you during recovery, and ask what activities you need to avoid.
- Do physical therapy exercises as directed.

Name: BERRY, VICKIE L

MRN / FIN: 10502

6503675

*Emergency Documentation***Driving**

- **Do not** drive or use heavy machinery while taking pain medicine.
- **Do not** drive while wearing a cast, splint, or boot on a foot that you use for driving.

Managing pain, stiffness, and swelling

- If directed, put ice on painful areas:
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - If you have a removable splint or boot, remove it as told by your health care provider.
 - If you have a cast, place a towel between your cast and the bag.
 - Leave the ice on for 20 minutes, 2–3 times a day.
- Move your toes often to avoid stiffness and to lessen swelling.
- Raise (elevate) your lower leg above the level of your heart while you are sitting or lying down.

General instructions

- **Do not** put pressure on any part of the cast or splint until it is fully hardened. This may take several hours.
- Take over-the-counter and prescription medicines only as told by your health care provider.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. These can delay bone healing. If you need help quitting, ask your health care provider.
- **Do not** take baths, swim, or use a hot tub until your health care provider approves. Ask your health care provider if you may take showers.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if you have:

- Pain that gets worse or does not get better with medicine.

Name: BERRY, VICKIE L

MRN / FIN: 10502

6503675

Emergency Documentation

- A fever.
- A bad smell coming from your cast or splint.

Get help right away if you have:

- Any of the following in your toes or your foot, even after loosening your splint (if applicable):
 - Numbness.
 - Tingling.
 - Coldness.
 - Blue skin.
- Redness or swelling that gets worse.
- Pain that suddenly becomes severe.

Summary

- A metatarsal fracture is a break in one of the five bones that connect the toes to the rest of the foot.
- Treatment depends on how severe your fracture is and how the pieces of the broken bone line up with each other (alignment). This may include wearing a cast, splint, or supportive boot, or using crutches. Sometimes surgery is needed to align the bones.
- Ice and elevate your foot to help lessen the pain and swelling.
- Make sure you know what symptoms should cause you to get help right away.

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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Ankle Fracture



Name: BERRY, VICKIE L

MRN / FIN: 10502

6503675

Emergency Documentation

The ankle joint is made up of the lower (distal) sections of your lower leg bones (tibia and fibula) along with a bone in your foot (talus). An ankle fracture is a break in one, two, or all three of these sections of bone. There are two general types of ankle fractures:

- Stable fracture. This happens when one of your bones is broken, but the bones of your ankle joint stay in their normal positions.
- Unstable fracture. This type can include more than one broken bone. It can also happen if your outer bone is broken and the tough bands of tissue that connect bones (ligaments) are also injured at your inner ankle. This type of fracture allows the talus to move out of its normal position.

What are the causes?

This condition may be caused by:

- A hard, direct hit (blow) to the ankle.
- Quickly and severely twisting your ankle, often while your foot is planted and the rest of your body moving.
- Trauma, such as a car accident or falling from a height.

What increases the risk?

This condition is more likely to occur in people who:

- Smoke.
- Are overweight.
- Participate in sports that involve quick direction changes, as in soccer.
- Do high-impact sports like gymnastics or football.
- Are involved in a high-impact car accident.

What are the signs or symptoms?

Symptoms of this condition include:

Name: BERRY, VICKIE L

MRN / FIN: 10502

6503675

Emergency Documentation

- Tender and swollen ankle.
- Bruising around the injured ankle.
- Pain when moving or pressing on the ankle.
- Trouble walking or using the ankle to support your body weight (putting weight on the ankle).
- Pain that gets worse when moving or standing and gets better with rest.

How is this diagnosed?

An ankle fracture is usually diagnosed with a physical exam and X-rays. A CT scan or MRI may also be done.

How is this treated?

Treatment for this condition depends on the type of ankle fracture you have. Stable fractures are treated with a cast, boot, or splint to hold the ankle still and crutches to avoid putting weight on the injured ankle until the fracture heals. Unstable fractures require surgery to ensure that the bones heal properly. After surgery, you will have a splint. After your incision is healed, your surgeon may give you a cast or a boot. You will not be able to put weight on your injured side for several weeks.

After your ankle has healed, you will do exercises to improve the strength and mobility of your ankle.

Follow these instructions at home:**If you have a splint:**

- Wear the splint as told by your health care provider. Remove it only as told by your health care provider.
- Loosen the splint if your toes tingle, become numb, or turn cold and blue.
- Keep the splint clean.
- If the splint is not waterproof:
 - **Do not** let it get wet.
 - Cover it with a watertight covering when you take a bath or a shower.

If you have a cast:

- **Do not** stick anything inside the cast to scratch your skin. Doing that increases your risk of infection.
- Check the skin around the cast every day. Tell your health care provider about any concerns.
- You may put lotion on dry skin around the edges of the cast. **Do not** put lotion on the skin underneath the cast.
- Keep the cast clean.
- If the cast is not waterproof:

Name: BERRY, VICKIE L

MRN / FIN: 10502

6503675

Emergency Documentation

- **Do not** let it get wet.
- Cover it with a watertight covering when you take a bath or a shower.

Managing pain, stiffness, and swelling

- If directed, put ice on the injured area:
 - If you have a removable splint, remove it as told by your health care provider.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag or between your cast and the bag.
 - Leave the ice on for 20 minutes, 2–3 times a day.
- Move your toes often to avoid stiffness and to lessen swelling.
- Raise (elevate) the injured area above the level of your heart while you are sitting or lying down.

General instructions

- **Do not** use the injured limb to support your body weight until your health care provider says that you can. Use crutches as told by your health care provider
- Take over-the-counter and prescription medicines only as told by your health care provider.
- Ask your health care provider when it is safe to drive if you have a cast or splint.
- Do exercises as told by your health care provider.
- **Do not** use any products that contain nicotine or tobacco, such as cigarettes and e-cigarettes. These can delay bone healing. If you need help quitting, ask your health care provider
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

- You have pain or swelling that gets worse or does not get better with rest or medicine.

Get help right away if:

- Your cast gets damaged.

Memorial Hospital

Name: **BERRY, VICKIE L**

MRN / FIN: 10502

6503675

Emergency Documentation

- You have severe pain that lasts.
- You develop new pain or swelling.
- Your skin or toenails below the injury turn blue or gray, feel cold, become numb, or have a loss of sensitivity to touch.

Summary

- An ankle fracture can either be stable or unstable. This is determined after a physical exam and imaging studies like X-rays, a CT scan, or MRI.
- Stable fractures are treated with a cast, boot, or splint to hold the ankle still until the fracture heals. Unstable fractures require surgery to ensure that the bones heal properly.
- You will not be able to put weight on your injured side for several weeks.
- Pain medicines, icing, and raising (elevating) your injured ankle when sitting or lying down may help with pain relief. Follow instructions as told by your health care provider.

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.

New Medications and Prescriptions

CVS/pharmacy #6534, 717 N 3rd St Logansport, IN 469472653, (574) 722 - 3105

hydrocodone-acetaminophen (I-Norco 5 mg-325 mg oral tablet) 2 tab Oral (given by mouth) every 6 hours as needed as needed for pain for 3 Days. Refills: 0.

Last Dose: _____ Next Dose: _____

ibuprofen (ibuprofen 800 mg oral tablet) 1 tab Oral (given by mouth) every 8 hours as needed pain, breakthrough for 10 Days. Refills: 0.

Last Dose: _____ Next Dose: _____

Medications That Have Not Changed

Memorial Hospital

Name: BERRY, VICKIE L

MRN / FIN: 10502

6503675

Emergency Documentation

Other Medications

amLODIPine (amLODIPine 5 mg oral tablet) 1 tab Oral (given by mouth) every day for 90 Days. Refills: 4.

Last Dose: _____ Next Dose: _____

aspirin (aspirin 81 mg oral tablet) 1 tab Oral (given by mouth) every day for 90 Days.

Last Dose: _____ Next Dose: _____

clopidogrel (clopidogrel 75 mg oral tablet) 1 tab Oral (given by mouth) every day. Refills: 3.

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: _____

levothyroxine (levothyroxine 100 mcg (0.1 mg) oral tablet) 1 tab Oral (given by mouth) every day. Refills: 3.

Last Dose: _____ Next Dose: _____

lisinopril (lisinopril 40 mg oral tablet) 1 tab Oral (given by mouth) every day. 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: _____

phenazopyridine (Pyridium 100 mg oral tablet) 1 tab Oral (given by mouth) 3 times a day for 2 Days. Refills: 0.

Last Dose: _____ Next Dose: _____

pravastatin (pravastatin 20 mg oral tablet) 1 tab Oral (given by mouth) every day. Refills: 3.

Last Dose: _____ Next Dose: _____

sulfamethoxazole-trimethoprim (Bactrim DS 800 mg-160 mg oral tablet) 1 tab Oral (given by mouth) every 12 hours for 5 Days. Refills: 0.

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 for 90 Days. Refills: 1.

Last Dose: _____ Next Dose: _____

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 4/11/2022 22:01:20

Memorial Hospital

Name: **BERRY, VICKIE L**

MRN / FIN: 10502

6503675

Emergency Documentation

Witness Signature 4/11/2022 22:01:20