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Discharge Instructions

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* Bactrim DS 1 tablet twice a day for 1 week
* Remove packing in 24 to 36 hours
* Attempt to squeeze out the pus if more is present. Wear gloves and wash your hands well. The pus will contain bacteria that can spread to other places on your body or other people.
* If you have new abscesses develop, you may need treatment to eradicate the bacteria from your skin and your nose. This treatment is not typically needed the first time you have an abscess.
* Follow-up with your primary care provider if this infection does not improve in 3 days.
* Return to the emergency department if your symptoms worsen or new symptoms develop, such as:

- Increasing redness or swelling

- Red streaks in the skin leading away from the wound

- Increasing local pain or swelling

- Continued pus draining from the wound 2 days after treatment

- Fever of 100.4ºF (38ºC) or higher

- Boil returns when you are at home

**After your current abscess has resolved:**

* Use Hibiclens once or twice a day for 1 week
* Use mupirocin in each nostril twice a day for 1 week

Alcohol abuse discharge instructions

**Summary of your evaluation and our discussion:**

* Your alcohol use is excessive and is likely to lead to serious health problems if you continue. Excessive alcohol use can lead to permanent damage to your liver, heart, brain, stomach and other organs. It can also increase the risk of cancer.
* Your lab tests are included with this paperwork.

|  |
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| * \*\*\*Your lab tests show you have macrocytosis (enlarged red blood cells). Although there are several causes of macrocytosis, the most likely cause in your situation is excessive alcohol use. It is an indication that you are drinking so much alcohol that it is beginning to affect you physically. |

|  |
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| * \*\*\*Your AST (one of your liver tests) is elevated. This suggests that your liver is being affected by your drinking. |

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| * Your platelets are low which is a sign of liver damage due to alcohol use. |

* I have included a list of alcohol treatment options to help you decrease or stop your alcohol use.

**Recommendations:**

* Decrease alcohol use to no more than 2 beers per day
* Follow-up with your primary care provider for further evaluation of your alcohol use.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

**Detox and Substance Abuse Treatment Options**

Boone Hospital’s Emergency Department Social Work

**573-815-6936**

**Social Detox and Residential Treatment** – Self pay or no insurance.

* Phoenix Programs – 875-8880 Columbia
* Hannibal Council (HCADA) – 573-248-1196 x219 Hannibal
* Preferred Family Health – 573-632-4321(business hours only) Jefferson City
* Preferred Family Healthcare – 660-665-1962 Kirksville
* Preferred Family Healthcare – 660-359-4600 (men only) Trenton

Need a funding source…

* Harris House – 314-631-4299 (need a funding source) St. Louis
* Valley Hope (8a to 5p) – 660-882-6547 (need a funding source) Boonville

**Medically Supervised Detox** – MOST will need a funding source ($)

* CenterPointe - 636-441-7300 St. Louis
* Research Medical Center – 816-276-3303 Kansas City
* Valley Hope (Modified Medical setting) – 660-882-6547 Boonville
* New Vision @ Research Medical Center – 816-276-3303 Kansas City
* New Vision – (withdrawal management) – 800-939-2273 Christian NE
* Capital Region – (withdrawal management) - 573-632-5817 Jefferson City
* Metropolitan St.Louis - 314-877-0500 St. Louis
* Bridgeway Behavioral Health –636-224-1210 (no $ needed) St.Charles

**Substance Abuse Treatment Services:**

* McCambridge Center for Women/ Compass Health (residential and outpatient for women **and** their children) – 573-449-3953 Columbia, MO. [www.fccmo.org](http://www.fccmo.org/) Call for phone screening and intake appointments. (no $ needed)
* Phoenix Programs (residential for men and co-ed outpatient) – 573-875-8880 Columbia, MO. [www.phoenixprogramsinc.org](http://www.phoenixprogramsinc.org/) (no $ needed)
* Valley Hope (co-ed residential) – 660-882-6547 Boonville, MO. (need funding) [www.valleyhope.com](http://www.valleyhope.com/)
* Bridgeway Behavioral Health (various options St. Charles and STL county) – 636-224-1210 St. Charles / St. Louis area. [www.bridgewaybh.com](http://www.bridgewaybh.com/) (no $)
* Pathways Community Behavioral Health /Compass Health (various $ /service options statewide) – 660-885-8131. [www.pathwaysonline.org](http://www.pathwaysonline.org/)
* Preferred Family Healthcare Inc. (co-ed residential and outpatient statewide) - 660-665-1962 Kirksville, MO [www.pfh.org](http://www.pfh.org/) (no $ needed)
* Turning Point – owned by HCADA (Outpatient) – 573-581-8828 Mexico, Mo

**Narcotics Anonymous – 1-800-945-4673 -** [**www.na.org**](http://www.na.org/) **Addiction Recovery**

* 12 Step program: free for anyone with an alcohol or substance problem. Call to find daily meetings or talk to another recovering addict.
* [www.midmissourina.org](http://www.midmissourina.org/)

Alcoholics Anonymous – 573-442-4424 [www.aa.columbia.missouri.org](http://www.aa.columbia.missouri.org/)

**Mid Missouri Crisis Line** – 1-888-761-4357

Support and referrals for all types of issues

Mental Health Crisis Line - 1-800-395-2132

Covers 10 counties and can provide up-to-date information.

**If you have insurance, consult the number on the back of your card for pre-authorization and coverage options. Columbia and surrounding areas have many individual therapists with substance abuse treatment knowledge. Please see your yellow pages under counselor, psychologist and psychotherapist for names and phone numbers.**

Ankle sprain discharge instructions

* Apply ice to your ankle for no more than 20 minutes out of each hour.
* Keep your ankle elevated as much as possible.
* Minimize how much you walk on your ankle. Pain with walking indicates that your are stretching the ligaments and will slow the healing of your sprain.
* Wear the ace wrap and air cast for 1-2 weeks.
* Ibuprofen 400 mg every 6 hours as needed for pain
* Consider wearing additional ankle support (high top boots, splint, etc) for several months during activities that might increase your risk of a sprain (walking over uneven ground, playing sports)
* Follow-up with {Blank single:19197:"your primary care provider","the Columbia Orthopedic Group","your orthopedist"} if not improved in 1 week.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

New Atrial Fibrillation

**Regarding your atrial fibrillation:**

* Outpatient Holter monitor
* Start Cardizem CD {Blank single:19197::"120","180"} mg tomorrow. This medicine is intended to control your heart rate.
* Start Xarelto 20 mg daily. This medicine is a blood thinner, intended to help reduce the risk of stroke in people with atrial fibrillation.

Xarelto can be expensive. There are alternative blood thinners that you could be started on. Check with the pharmacy to see if either of these medicines would be cheaper for you:

* + Pradaxa 150 mg twice a day
  + Eliquis 5 mg twice a day
* {Blank single:19197::"Follow up with your primary care provider.","Follow up with a cardiologist. The cardiology office will call you to set up an appointment. Call their office if you have not heard from them in 2 business days.","Follow up with Dr. \*\*\*. His office will call you to set up an appointment. Call his office if you have not heard from them in 2 business days."}
* Return to the emergency department if your symptoms worsen or new symptoms develop.

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| **Scheduling your outpatient Holter monitor:**  To further evaluate your symptoms, an order has been written for you to have a Holter monitor as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.  The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.  **Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.  If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method. |

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| **Warnings about your new blood thinner:**  There can be a significant risk of bleeding while taking blood thinners. It has been determined that, in your case, the benefits of being on blood thinners outweighs the risks of bleeding.  There is a serious risk of bleeding inside your head associated with even minor falls while on blood thinners. If you fall, even if you do not strike your head, you should return to the emergency department for evaluation, possibly including a CT scan of your head.  There is also a serious risk of gastrointestinal bleeding. If you pass blood in your stools, have black stools, or have vomiting that is black or bloody, you should return to the emergency department for evaluation. |

Atrial fibrillation, Old

**Summary of your evaluation and our discussion:**

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| * Your lab tests, which are included with this paperwork, are unremarkable. |

* You had an episode of atrial fibrillation with a rapid ventricular response. This is common.
* Your heart rate has been slowed in the emergency department with IV diltiazem. Your rhythm continues to be atrial fibrillation.
* You have been given an additional oral dose of diltiazem 60 mg in the emergency department which will last until you can take your usual diltiazem at the regularly scheduled time.
* You should follow-up with \*\*\*

**Recommendations:**

* Continue your current medications as previously prescribed.

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| * Follow-up with {Blank single:19197::"your primary care provider.","a cardiologist. The cardiology office will call you to set up an appointment. Call their office if you have not heard from them in 2 business days.","Follow up with Dr. \*\*\*."} * Return to the emergency department if your symptoms worsen or new symptoms develop. |

Back pain discharge instructions

**Summary of your evaluation and our discussion:**

* Your x-ray of your low back {Blank single:19197::"shows degenerative disease in your lower back, but no acute fracture.","was unremarkable."}
* Your pain may be related to a pulled muscle or a herniated disk

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| * I have ordered an outpatient MRI to look for a herniated disk. * If your pain improves significantly before you get the MRI, you may not need the MRI. |

* You should follow-up with your primary care provider or the Columbia Orthopedic Group.

The Columbia Orthopedic Group

1 South Keene Street,

Columbia, MO 65201

573-443-2402

* If your symptoms worsen or you develop new symptoms, such as numbness or weakness in your legs, numbness in your groin or bottom, or loss of control of your bowels or bladder, you should return to the emergency department.

**Recommendations:**

* Percocet 1-2 tablets every 4 hours as needed for pain
* Ibuprofen 400 mg every 6 hours as needed for pain
* Flexeril 10 mg three times a day as needed for muscle spasms
* Prednisone 60 mg daily for 5 days
* Outpatient MRI lumbar spine
* Follow-up with the Columbia Orthopedic Group as soon as possible.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

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| **Scheduling your MRI:**  To further evaluate your symptoms, an order has been written for you to have an MRI as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.  The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.  **Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.  If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method. |

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| **Regarding your Flexeril prescription:**  Flexeril may make you sleepy. Do not drive while taking Flexeril. If your pain has improved after taking Flexeril three times a day for a couple of days but the medicine is making you too sleepy, you can try reducing the dose to just one pill a day taken before bedtime. |

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| |  | | --- | | **Regarding prednisone and diabetes:**  Prednisone may increase your blood sugar and make your diabetes more difficult to control while you are taking it. Check your blood sugar regularly while you are taking prednisone and follow up with your primary care provider or return to the emergency department if your blood sugars are greater than 300 for two consecutive tests. |   **Regarding your prednisone and stomach ulcers:**  Prednisone can cause stomach ulcers. You should not take other medications that can cause ulcers, such as aspirin, ibuprofen (Advil, Motrin) or naproxen (Naprosyn, Aleve), at the same time. If you are not on any medication to reduce the acid in your stomach, you should take Prilosec 20 mg daily, which you can get over the counter, to help prevent ulcers while you are on prednisone.  **Regarding prednisone and your mood:**  Prednisone can affect your mood, causing such problems as depression, anxiety, agitation, hallucinations, insomnia, and thoughts of suicide. If you develop any of these problems, you may need to decrease the dose, or if the symptoms are severe, you may need to stop the prednisone completely, and you should talk to your primary care provider or return to the emergency department for advice on how to cut back on the medication, or whether you need alternate treatment. |

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| **Information about your narcotic prescription:**  Narcotic pain medications, such as oxycodone (Percocet), have many side effects. Common side effects include nausea and vomiting, constipation, drowsiness, confusion and an increased risk of falling. These side effects are usually worse in elderly patients.  Do not drive or operate dangerous equipment while using narcotics.  Ways to manage side effects of your narcotic pain medication:  The severity of most of the common side effects is related to the dose and frequency at which the medication is taken. Ways to reduce the amount of narcotic pain medication you take include:   * Taking the medication only when necessary. It is better to manage milder pain with over-the-counter medications, such as Tylenol or ibuprofen, and reserve the narcotic pain medications for severe pain. If you alternate between taking acetaminophen (Tylenol) and a narcotic pain medication that contains acetaminophen, such as Percocet, Vicodin, or Norco, you should not take the two medications within 4 hours of each other. * The tablets of some (but not all) narcotic pain medications may be cut in half. Taking a half-dose may provide adequate pain relief, while reducing the side effects. Do not cut pills that are not meant to be cut in half, as this may release the medication too quickly. * Some patients may only require narcotic pain medication at night, when they are trying to sleep, and may be able to tolerate the pain without narcotic pain medication during the day.   Nausea: You may have less nausea if you eat before you take the narcotic pain medication. If you have a medication for nausea, such as Zofran, it may help to take the anti-nausea medication 30 minutes before taking the narcotic pain medication.  Constipation: It may be helpful to begin taking a stool softener before constipation develops.  More serious, but less common, issues related to narcotic pain medications:  Narcotic pain medications have the potential to cause addiction. The risk of addiction is low when narcotics are taken for only a few days, but taking any amount of narcotics may increase the likelihood of addiction.  Narcotic pain medications have the potential to cause dependence, which means that you may develop unpleasant symptoms when you stop taking the medication. Usually these symptoms are mild and brief when you have only taken the narcotics for a few days, but the symptoms can be severe and prolonged if you take narcotics for a long time and then stop.  Narcotic pain medications have the potential to cause tolerance, which means that after taking narcotics for a while, you may require increasing doses in order to manage pain. Unfortunately, many of the side effects of narcotics worsen as you take larger doses, making it difficult to control your pain.  Taking too much narcotic pain medication can lead to an overdose. This is more common in patients who are addicted or who have developed a tolerance to the medications. A narcotic overdose may lead to difficulty awakening from sleep, a decrease in your desire to breathe, and death. Narcotics are often combined with acetaminophen, which is the active ingredient in Tylenol. Acetaminophen overdose is also common in patients who take too much narcotic pain medications, which can lead to liver failure and death. If you are taking a narcotic that is combined with acetaminophen, such as Percocet, Vicodin, or Norco, you should not take additional Tylenol.  Long-term use of narcotics needs to be managed by a single provider, usually a patient's primary care provider. As a general policy, the providers at Boone Hospital Emergency Department do not refill narcotic prescriptions. |

&&&Bells Palsy Discharge Instructions

**Summary of your evaluation and our discussion:**

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| --- |
| * Your test results, which are included with this paperwork, {Blank single:19197::"\*\*\*","was unremarkable."} |

* Your exam is consistent with Bell's palsy rather than a stroke. Bell's palsy is caused by a problem with the facial nerve and there is a good chance it will resolve. Treating it with prednisone will increase the chances that it will improve.
* One of the problems with Bell's palsy is that your eyelid may not close all of the way. You should tape your eye shut at night until this resolves.
* The facial weakness may worsen in the early stages of Bell's palsy but you should not have other neurologic symptoms such as weakness or numbness in your arms or legs, confusion, visual disturbance, incoordination, or difficulty with your speech (beyond slurring of speech due to facial weakness). If these develop, you should return to the emergency department immediately.

**Recommendations:**

* Prednisone 60 mg (6 tablets) daily for 5 days then decrease by 10 mg (1 tablet) each day

|  |  |  |
| --- | --- | --- |
| Date | Tablets | Total dose |
|  | 6 | 60 mg |
|  | 6 | 60 mg |
|  | 6 | 60 mg |
|  | 6 | 60 mg |
|  | 6 | 60 mg |
|  | 5 | 50 mg |
|  | 4 | 40 mg |
|  | 3 | 30 mg |
|  | 2 | 20 mg |
|  | 1 | 10 mg |

* Lacri-Lube applied to inside of lower eyelid and tape eye shut at bedtime
* Artificial tears as needed for eye dryness
* Follow-up with your primary care provider for further evaluation
* Return to the emergency department if your symptoms worsen or new symptoms develop.

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| **Regarding prednisone and diabetes:**  Prednisone may increase your blood sugar and make your diabetes more difficult to control while you are taking it. Check your blood sugar regularly while you are taking prednisone and follow up with your primary care provider or return to the emergency department if your blood sugars are greater than 300 for two consecutive tests. |

**Regarding your prednisone and stomach ulcers:**

Prednisone can cause stomach ulcers. You should not take other medications that can cause ulcers, such as aspirin, ibuprofen (Advil, Motrin) or naproxen (Naprosyn, Aleve), at the same time. If you are not on any medication to reduce the acid in your stomach, you should take Prilosec 20 mg daily, which you can get over the counter, to help prevent ulcers while you are on prednisone.

**Regarding prednisone and your mood:**

Prednisone can affect your mood, causing such problems as depression, anxiety, agitation, hallucinations, insomnia, and thoughts of suicide. If you develop any of these problems, you may need to decrease the dose, or if the symptoms are severe, you may need to stop the prednisone completely, and you should talk to your primary care provider or return to the emergency department for advice on how to cut back on the medication, or whether you need alternate treatment.

&&&Biliary colic discharge instructions

**Summary of your evaluation and our discussion:**

* Your test results are included with this paperwork.

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| * Your lab tests show that your liver function tests are slightly elevated. This is consistent with gallbladder disease, although it may require further evaluation for other problems if your gallbladder ultrasound is unremarkable. |

|  |
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| * Your lab tests are unremarkable. However, your ultrasound of your gallbladder shows gallstones\*\*\* |

* It is likely that your symptoms are caused by passing a small gallstone through your bile duct.

|  |
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| * I have ordered an outpatient gallbladder ultrasound. If the gallbladder ultrasound is abnormal, it is best to have your gallbladder removed before complications develop. You should follow-up with a surgeon to discuss having your gallbladder removed. * If your ultrasound is normal, you may need further evaluation including more blood tests and/or an upper endoscopy. * Until it is clear what the problem is, you should take Prilosec every day |

|  |
| --- |
| * There is no evidence that there is a gallstone that is stuck in your bile duct, or that your gallbladder is inflamed at this time. However, these are possible risks in the future. * It is best to have your gallbladder removed before complications develop. * You should follow-up with a surgeon to discuss having your gallbladder removed. |

* The bile that is stored in your gallbladder is used to digest fat, and increased amounts of fat in your diet may increase the risk of worsening of your symptoms. Decreasing the fat in your diet may decrease, but will not eliminate, the risk of recurrence or worsening of your symptoms.

**Recommendations:**

* Low fat diet

|  |
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| * Prilosec 20 mg daily (this may be obtained over-the-counter) |

|  |
| --- |
| * Outpatient gallbladder ultrasound |

* Follow-up with Dr. {Blank single:19197::"Waliye","Vaden","Petersen"} for evaluation for removal of your gallbladder.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

|  |
| --- |
| **Scheduling your gallbaldder ultrasound:**  To further evaluate your symptoms, an order has been written for you to have an ultrasound of your gallbladder as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.  The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.  **Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.  If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method. |

&&&Bradycardia

**Regarding your slow heart rate:**

Your heart rate was found to be unusually slow while you were in the emergency department. Some of your symptoms may be related to your slow heart rate. It is likely that your slow heart rate is caused, at least in part, by your \*\*\*. Do not take your \*\*\* until you have discussed this with your primary care provider or cardiologist. Your heart rate will likely improve within 1-2 days after stopping the \*\*\*.

\*\*\* is in a class of drugs known as beta-blockers which are known to have several benefits to your heart and blood pressure. Your primary care provider or cardiologist may want you to start back on the \*\*\*, start a lower dose, or switch to a different medication that might provide the same benefits without slowing your heart rate. Therefore, it is important that you follow up with your primary care provider or cardiologist as soon as possible for further evaluation and a discussion about how to adjust your medication.

It would be helpful to record your heart rate several times a day over the next few days. This information will be helpful to your primary care provider or cardiologist. There is no specific heart rate at which you should return to the emergency department.

You should return to the emergency department if you develop any of the following symptoms:

* Lightheadedness, dizziness, or a sense that you might fall
* Weakness
* Shortness of breath
* Chest pain
* Confusion
* Loss of consciousness
* Any other symptoms that seem significantly worse to you

&&&Bronchitis discharge instructions

**Summary of your evaluation and our discussion:**

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| --- |
| * Your lab tests, which are included with this paperwork, are unremarkable. * Your chest x-ray does not show any sign of pneumonia.\*\*\* |

* There are no signs of any heart problems. Your chest x-ray and blood tests do not show any signs of congestive heart failure. Your chest pain is most likely due to a muscle strain related to coughing.\*\*\*
* Your symptoms are most consistent with bronchitis. This is due to inflammation in your lungs which was probably caused by a viral infection which has resolved although the inflammation remains. The fact that most cases of bronchitis are caused by a viral infection is the reason that the antibiotics you took have not helped. You do not need any additional antibiotics.
* I prescribed prednisone to help decrease the inflammation in your lungs. You should notice an improvement within the next 2 days.
* It is important that you stop smoking. In the short run, smoking will prolong your current symptoms. In the long run, smoking will increase your risk of more frequent and more severe episodes of symptoms similar to this.

**Recommendations:**

|  |
| --- |
| * Follow-up with your primary care provider if not improved in 3 days * Return to the emergency department if your symptoms worsen or new symptoms develop. |

* Continue your inhaler\*\*\*
* Albuterol 2 puffs every 4 hours as needed for shortness of breath, wheezing or cough
* Stop smoking

|  |  |  |
| --- | --- | --- |
| * Prednisone 60\*\*\* mg daily for 5 days  |  | | --- | | * Monitor your blood sugar and adjust your insulin as needed while on the prednisone |  |  | | --- | | **Regarding prednisone and diabetes:**  Prednisone may increase your blood sugar and make your diabetes more difficult to control while you are taking it. Check your blood sugar regularly while you are taking prednisone and follow up with your primary care provider or return to the emergency department if your blood sugars are greater than 300 for two consecutive tests. |   **Regarding your prednisone and stomach ulcers:**  Prednisone can cause stomach ulcers. You should not take other medications that can cause ulcers, such as aspirin, ibuprofen (Advil, Motrin) or naproxen (Naprosyn, Aleve), at the same time. If you are not on any medication to reduce the acid in your stomach, you should take Prilosec 20 mg daily, which you can get over the counter, to help prevent ulcers while you are on prednisone.  **Regarding prednisone and your mood:**  Prednisone can affect your mood, causing such problems as depression, anxiety, agitation, hallucinations, insomnia, and thoughts of suicide. If you develop any of these problems, you may need to decrease the dose, or if the symptoms are severe, you may need to stop the prednisone completely, and you should talk to your primary care provider or return to the emergency department for advice on how to cut back on the medication, or whether you need alternate treatment. |

&&&Brown recluse spider bite

**Summary of your evaluation and our discussion:**

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| --- |
| * Your lab tests, which are included with this paperwork, are unremarkable. |

* You appear to have a brown recluse spider bite\*\*\*. Occasionally, a brown recluse spider bite may cause more extensive problems, including destruction of your red blood cells, but you do not have evidence of this currently.

|  |
| --- |
| * Please read the attached instructions regarding brown recluse spider bites. |

* Benadryl will help with the itching
* Ibuprofen will help with the achiness.

**Recommendations:**

* Benadryl 50 mg every 6 hours as needed for itching or hives
* Ibuprofen 400 mg every 6 hours as needed for pain
* Follow-up with your primary care provider or the wound clinic if your symptoms worsen or new symptoms develop. You do not need to follow-up with the wound clinic unless your wound becomes too large to dress with a band-aid.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

Instructions for Wound Clinic Follow-Up/Referral

Dear Patient:

We appreciate the opportunity to be of service to you in the treatment and management of your wound(s). A number of healthcare professionals will be involved in providing your wound care services. In order to make your experience here as pleasant and convenient as possible, your treatment plan will be managed by your Boone Hospital Wound Healing Center provider and a nurse Case Manager specially trained in wound care.

Please call our office at 573-815-3612 during normal business hours, Monday through Friday, 8 AM - 4:30 PM to arrange an appointment following your Emergency Room visit. Your first visit will be somewhat lengthy and we will need to thoroughly evaluate your case. Follow-up visits are normally scheduled every week, depending on your progress.

Please bring the following with you:

o A list of all the medications you are taking including those prescribed by a provider and those you are regularly taking that do not require a prescription OR bring the medicine bottles so we can review them

o Medical records from your most recent doctor visit, if available

o X-ray files pertaining to your wound area, if available

o Insurance card(s) and photo ID

Your care is very important to all of us at the Boone Hospital Wound Healing Center. Please call with any questions or comments. We look forward to meeting you.

Sincerely,

Boone Hospital Wound Healing Center Staff

1701 E Broadway, Suite 101

Broadway Medical Plaza 3

Columbia, MO 65201

573-815-3612

&&&Cellulitis discharge instructions

* Keflex 500 mg four times a day for 7 days
* Follow up with your primary care provider or return to the emergency department if your symptoms do not seem to have improved after taking antibiotics for 3 days.
* If your symptoms are improving, take all of your antibiotics.
* Return to the emergency room if pain, redness or swelling continued to worsen 24 hours after starting antibiotics, or if new symptoms such as fever develop.

&&&Cervical radiculopathy discharge instructions

**Summary of your evaluation and our discussion:**

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| * Your lab tests, which are included with this paperwork, are unremarkable. |

* Your symptoms are consistent with a cervical radiculopathy.

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| * Please read the attached instructions regarding cervical radiculopathy. The attached instructions have been provided for your information and to help you know what to watch for, even though It is not clear that this is your diagnosis. You need an outpatient MRI to confirm this. |

* I prescribed tramadol for your pain.
* I have prescribed prednisone to decrease the inflammation in your neck. Do not take ibuprofen with the prednisone.
* I have prescribed Flexeril as well for muscle spasms.

**Recommendations:**

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| --- |
| * Follow-up with the Columbia Orthopedic Group. * Return to the emergency department if your symptoms worsen or new symptoms develop. |

* Prednisone 60 mg daily for 5 days
* Tramadol 50 mg 1 tablet every 6 hours as needed for pain
* Flexeril 10 mg three times a day as needed for muscle spasms

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| * Outpatient MRI neck   **Scheduling your MRI:**  To further evaluate your symptoms, an order has been written for you to have an MRI as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.  The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.  **Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.  If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method. |

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| **Regarding your Flexeril prescription:**  Flexeril may make you sleepy. Do not drive while taking Flexeril. If your pain has improved after taking Flexeril three times a day for a couple of days but the medicine is making you too sleepy, you can try reducing the dose to just one pill a day taken before bedtime. |

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| **Regarding your Tramadol prescription:**  Tramadol is a prescription pain medicine which has some characteristics of narcotic pain medication. It can make you sleepy and you should not drive or operate dangerous equipment while taking Tramadol. It can be addictive although the risk of addiction is considered low than the risk of addiction from narcotic pain medications.  Tramadol can increase the risk of seizures. You should not take Tramadol if you have had a history of seizures. |

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| **Regarding your prednisone and stomach ulcers:**  Prednisone can cause stomach ulcers. You should not take other medications that can cause ulcers, such as aspirin, ibuprofen (Advil, Motrin) or naproxen (Naprosyn, Aleve), at the same time. If you are not on any medication to reduce the acid in your stomach, you should take Prilosec 20 mg daily, which you can get over the counter, to help prevent ulcers while you are on prednisone.  **Regarding prednisone and your mood:**  Prednisone can affect your mood, causing such problems as depression, anxiety, agitation, hallucinations, insomnia, and thoughts of suicide. If you develop any of these problems, you may need to decrease the dose, or if the symptoms are severe, you may need to stop the prednisone completely, and you should talk to your primary care provider or return to the emergency department for advice on how to cut back on the medication, or whether you need alternate treatment. |

&&&Chest pain discharge instructions

**Summary of your evaluation and our discussion:**

* Even though your tests today do not show signs of any damage to your heart, it is possible that your chest pain was due to a narrowing of an artery of your heart that is not yet severe enough to cause damage. If this pain is caused by a narrowing of an artery, there is a risk you may have a heart attack. Therefore, it is important to have further testing, such as a stress test to determine if you do have a narrowing of your arteries.

**Recommendations:**

* Outpatient stress test
* Follow-up with your primary care provider after your stress test
* Return to the emergency department if your chest pain recurs or new symptoms develop.

**Scheduling your cardiac stress test:**

To further evaluate your symptoms, an order has been written for you to have a cardiac stress test as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.

The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.

**Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.

If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method.

**Call 911 if:**

* **You have any of the following signs of a heart attack:** 
  + Squeezing, pressure, or pain in your chest that lasts longer than 5 minutes or returns
  + Discomfort or pain in your back, neck, jaw, stomach, or arm
  + Trouble breathing
  + Nausea or vomiting
  + Lightheadedness or a sudden cold sweat, especially with chest pain or trouble breathing

**Return to the emergency department if:**

* You have chest discomfort that gets worse, even with medicine.
* You cough or vomit blood.
* Your bowel movements are black or bloody.
* You cannot stop vomiting, or it hurts to swallow.

&&&CHF discharge instructions

**Summary of your evaluation and our discussion:**

* You are having an exacerbation of your congestive heart failure. You have a known history of congestive heart failure (CHF), which means that your heart does not pump as well as it should. Congestive heart failure can cause fluid to build up in your lungs and/or swelling in your legs. This is why you have been previously prescribed Lasix.
* Sodium, usually in the form of sodium chloride (table salt), makes your body hold on to more fluid. This is why your physician may have encouraged you to decrease the amount of sodium in your diet.
* Since your symptoms have recently worsened, your heart may not be working as well as it was. However, it is also possible that a recent increase in sodium in your diet has temporarily caused your body to hold on to more fluid. Your breathing and your leg swelling should improve while taking the increased dose of Lasix. It is important that you contact your primary care provider or cardiologist within 3 days to update him or her on your condition, get advise on adjusting your medication and determine whether you need further tests, such as an ultrasound of your heart, known as an Echocardiogram. It is important to reduce your sodium intake.
* Return to the emergency department if your symptoms worsen or new symptoms develop. Symptoms that would be particularly concerning include:

- Increased difficulty breathing

- Chest pain

- Confusion

- Lightheadedness or dizziness

- Weakness

- Abnormally low urine output

- A sense of being dehydrated

**Recommendations:**

* Double your Lasix dose for 3 days, then return to your previous dose.
* Reduce the sodium in your diet.
* Record your weight daily.
* Contact your primary care provider or cardiologist within 3 days.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&&CHF, new discharge instructions

**Summary of your evaluation and our discussion:**

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| --- |
| * Your lab tests, which are included with this paperwork, are consistent with congestive heart failure. \*\*\* |

* Congestive heart failure means your heart is not pumping as well as it should. This can lead to fluid building up on your legs and lungs.

|  |
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| * Please read the attached instructions regarding congestive heart failure. |

* \*\*\*
* You have been prescribed Lasix, which is a diuretic (a water pill) that will cause increased urination and help get the fluid off your legs and lungs.
* Sodium, which is found in table salt, causes your body to hold on to more fluid. It is important that you reduce the sodium in your diet. This will make it much easier to control your symptoms.
* You should record your weight each day. This will help you determine if you are gaining or losing fluid. You should contact your doctor if you gain or lose more than 3 pounds.

|  |
| --- |
| * I have ordered an outpatient ultrasound of your heart, called an echocardiogram, to see how well your heart is functioning. |

* You need to follow-up with a cardiologist.
* Although the changes to your medications are expected to improve your condition, if your symptoms worsen or new symptoms develop, you should return to the emergency department.

**Recommendations:**

* \*\*\*

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| --- |
| * Follow-up with your cardiologist {Blank single:19197::" if not improved."," if not improved in 3 days", " if not improved in \*\*\* days", " for further evaluation.", " for further evaluation of \*\*\*.","."} * Return to the emergency department if your symptoms worsen or new symptoms develop. |

|  |
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| **Scheduling your outpatient echocardiogram:**  An echocardiogram, often referred to as an "echo", is an ultrasound of the heart that enables the physician to assess how well your heart is functioning.  To further evaluate your symptoms, an order has been written for you to have an echocardiogram as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.  The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.  **Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.  If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method. |

&&&Colitis discharge instructions

**Summary of your evaluation and our discussion:**

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| --- |
| * Your lab tests, which are included with this paperwork, show you are not\*\*\* anemic. |

* Your CT of your abdomen and pelvis shows inflammation of your colon. This is called colitis. It is unclear what is causing the colitis. It is likely to be due to an infection, so you are being treated with antibiotics. However, there are other causes of colitis that can be serious. A more specific diagnosis cannot be made without a colonoscopy.
* You should follow-up with your primary care provider after your symptoms have resolved to arrange for a colonoscopy.
* You should follow-up with your primary care provider sooner if you are not improved in 3 days.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

**Recommendations:**

* Flagyl 500 mg 3 times a day for 7 days
* Cipro 500 mg twice a day for 7 days
* Clear liquid diet for 24 - 48 hours
* Follow-up with your primary care provider to discuss the need for a colonoscopy
* Return to the emergency department if your symptoms worsen or new symptoms develop.

\*\*\*

**Regarding your Flagyl prescription:**

Flagyl often interacts with alcohol and can cause intense vomiting. Therefore, do not drink alcohol while taking Flagyl or for several days after you have completed your course of antibiotics.

&&&Colon prep

**Colon prep instructions:**

If you need to cancel your appointment, call Centralized Scheduling at 573-815-8150.

**You will need a driver.**

It is important that your colon is completely cleaned out prior to your colonoscopy. If your colon is not completely clean, then it may be necessary to repeat the prep and the colonoscopy at a later time.

Do these things 1 day before the procedure:

* Start a strict clear liquid diet. If you put a liquid in a clear glass, and you can see through it, it is probably OK to drink.

A clear liquid diet can include:

-Apple, grape, and cranberry juices;

-Beef or chicken broth that is clear;

-Tea and coffee without milk or cream;

-Soda pop, Gatorade, Kool-Aid and various Jell-O flavors (any color except red)

* Avoid: Juices with pulp, milk, cream and solid food.
* Fill the plastic container containing the laxative powder with water, shake well until the powder is dissolved and put the container in the refrigerator.
* At 12:00 pm, take two 5 mg Dulcolax (bisacodyl) tablets with at least 8 ounces of water.
* At 6:00 pm, start drinking the laxative liquid. Drink a full glass every 10-15 minutes until 3/4 of the solution is gone.
* Refrigerate the remainder of the solution.
* Continue to drink clear liquids throughout the evening to keep you hydrated and to help the laxative work.

Do these things ON THE DAY OF the procedure:

* No tobacco products or gum after midnight.
* At least 3 hours before you leave home, drink the remaining laxative liquid.
* Stop drinking any liquids 2 hours before your procedure.
* Take heart, blood pressure, Parkinson's and seizure medications with a sip of water and take any prescribed inhalers.
* Bring a list of your medications with you.
* Go to Outpatient Services entrance and check in at your scheduled check in time. There is no need to arrive earlier.

Call the GI Lab at Boone Hospital Center at 573-815-6344 if you have any questions.

&&&COPD

**Summary of your evaluation and our discussion:**

* Your lab tests are included with this paperwork. Your lab tests {Blank single:19197::" are unremarkable"}.
* Your symptoms are due to a worsening of your COPD. There is no sign of infection on your chest x-ray or blood test. You do not need antibiotics.
* I have prescribed prednisone to help decrease the inflammation in your lungs.
* If you feel like you need it, you may use your oxygen during the day.
* You should follow-up with your primary care provider if you are not improved in 3 days.
* You should return to the emergency department if your symptoms worsen or new symptoms develop.

**Recommendations:**

* Prednisone 60 mg daily for 5 days
* Albuterol 2 puffs every 4 hours as needed for shortness of breath, wheezing or cough
* Continue your current medications as previously prescribed.
* Follow-up with your primary care provider if not improved in 3 days
* Return to the emergency department if your symptoms worsen or new symptoms develop.

**Regarding your prednisone and stomach ulcers:**

Prednisone can cause stomach ulcers. You should not take other medications that can cause ulcers, such as aspirin, ibuprofen (Advil, Motrin) or naproxen (Naprosyn, Aleve), at the same time. If you are not on any medication to reduce the acid in your stomach, you should take Prilosec 20 mg daily, which you can get over the counter, to help prevent ulcers while you are on prednisone.

**Regarding prednisone and your mood:**

Prednisone can affect your mood, causing such problems as depression, anxiety, agitation, hallucinations, insomnia, and thoughts of suicide. If you develop any of these problems, you may need to decrease the dose, or if the symptoms are severe, you may need to stop the prednisone completely. You should talk to your primary care provider or return to the emergency department for advice on how to cut back on the medication, or whether you need alternate treatment.

&&&Corneal abrasion

* Polytrim 1 drop to right eye every 4 hours while awake
* Do not wear contacts until completely healed
* Follow-up with the Mason Eye Institute if not improved in 2 days.

1 Hospital Dr.

Columbia, MO

573-882-1506

* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&&Covid

* A Covid-19 test is being performed. You should be contacted about the results in the next 24-48 hours. You should self-isolate until you hear the results.\*\*\*

&&&Chest pain due to GERD

**Summary of your evaluation and our discussion:**

* Your lab tests are included with this paperwork.
* Your lab tests, chest xray and EKG do not show any evidence of anything serious causing your chest pain. However, it can be difficult to tell sometimes. It is important that you follow up for further evaluation of your chest pain, possibly including a stress test to further evaluate your heart.
* It is possible that your chest pain is caused by acid reflux\*\*\*
* If your symptoms worsen, or new symptoms develop, it may be that there is something more serious going on and you should return to the emergency department for re-evaluation.

**Recommendations:**

* \*\*\*

**Call 911 if:**

* **You have any of the following signs of a heart attack:** 
  + Squeezing, pressure, or pain in your chest that lasts longer than 5 minutes or returns
  + Discomfort or pain in your back, neck, jaw, stomach, or arm
  + Trouble breathing
  + Nausea or vomiting
  + Lightheadedness or a sudden cold sweat, especially with chest pain or trouble breathing

**Return to the emergency department if:**

* You have chest discomfort that gets worse, even with medicine.
* You cough or vomit blood.
* Your bowel movements are black or bloody.

You cannot stop vomiting, or it hurts to swallow.

&&&Dental pain discharge instructions

* {Blank single:19197::"Ibuprofen 400 mg every 6 hours as needed","Tramadol 50 mg every 6 hours as needed","Norco 5/325 1 tablet every 4 hours as needed","Perocet 5/325 1-2 tablets every 4 hours as needed"}
* {Blank single:19197::"Pen Vee K 500 mg four times a day for 10 days","Clindamycin 300 mg four times a day for 10 days","Amoxil 500 mg three times a day for 10 days"}
* Follow-up with a dentist as soon as possible
* Return to the emergency department if your symptoms worsen or new symptoms develop.

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| **Regarding your Tramadol prescription:**  Tramadol is a prescription pain medicine which has some characteristics of narcotic pain medication. It can make you sleepy and you should not drive or operate dangerous equipment while taking Tramadol. It can be addictive although the risk of addiction is considered low than the risk of addiction from narcotic pain medications.  Tramadol can increase the risk of seizures. You should not take Tramadol if you have had a history of seizures. |

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| **Information about your narcotic prescription:**  Narcotic pain medications, such as hydrocodone (Norco, Vicodin) and oxycodone (Percocet), have many side effects. Common side effects include nausea and vomiting, constipation, drowsiness, confusion and an increased risk of falling. These side effects are usually worse in elderly patients.  Do not drive or operate dangerous equipment while using narcotics.  Ways to manage side effects of your narcotic pain medication:  The severity of most of the common side effects is related to the dose and frequency at which the medication is taken. Ways to reduce the amount of narcotic pain medication you take include:   * Taking the medication only when necessary. It is better to manage milder pain with over-the-counter medications, such as Tylenol or ibuprofen, and reserve the narcotic pain medications for severe pain. If you alternate between taking acetaminophen (Tylenol) and a narcotic pain medication that contains acetaminophen, such as Percocet, Vicodin, or Norco, you should not take the two medications within 4 hours of each other. * The tablets of some (but not all) narcotic pain medications may be cut in half. Taking a half-dose may provide adequate pain relief, while reducing the side effects. Do not cut pills that are not meant to be cut in half, as this may release the medication too quickly. * Some patients may only require narcotic pain medication at night, when they are trying to sleep, and may be able to tolerate the pain without narcotic pain medication during the day.   Nausea: You may have less nausea if you eat before you take the narcotic pain medication. If you have a medication for nausea, such as Zofran, it may help to take the anti-nausea medication 30 minutes before taking the narcotic pain medication.  Constipation: It may be helpful to begin taking a stool softener before constipation develops.  More serious, but less common, issues related to narcotic pain medications:  Narcotic pain medications have the potential to cause addiction. The risk of addiction is low when narcotics are taken for only a few days, but taking any amount of narcotics may increase the likelihood of addiction.  Narcotic pain medications have the potential to cause dependence, which means that you may develop unpleasant symptoms when you stop taking the medication. Usually these symptoms are mild and brief when you have only taken the narcotics for a few days, but the symptoms can be severe and prolonged if you take narcotics for a long time and then stop.  Narcotic pain medications have the potential to cause tolerance, which means that after taking narcotics for a while, you may require increasing doses in order to manage pain. Unfortunately, many of the side effects of narcotics worsen as you take larger doses, making it difficult to control your pain.  Taking too much narcotic pain medication can lead to an overdose. This is more common in patients who are addicted or who have developed a tolerance to the medications. A narcotic overdose may lead to difficulty awakening from sleep, a decrease in your desire to breathe, and death. Narcotics are often combined with acetaminophen, which is the active ingredient in Tylenol. Acetaminophen overdose is also common in patients who take too much narcotic pain medications, which can lead to liver failure and death. If you are taking a narcotic that is combined with acetaminophen, such as Percocet, Vicodin, or Norco, you should not take additional Tylenol.  Long-term use of narcotics needs to be managed by a single provider, usually a patient's primary care provider. As a general policy, the providers at Boone Hospital Emergency Department do not refill narcotic prescriptions. |

&&&Dental injury discharge instructions

**Regarding your dental injuries:**

* Soft diet
* Rinse your mouth after each meal
* Amoxil 500 mg three times a day for 7 days
* Norco 1-2 tablets every 4 hours as needed for pain
* Follow-up with your dentist in \*\*\* days

|  |
| --- |
| **Information about your narcotic prescription:**  Narcotic pain medications, such as hydrocodone (Vicodin or Norco), have many side effects. Common side effects include nausea and vomiting, constipation, drowsiness, confusion and an increased risk of falling. These side effects are usually worse in elderly patients.  Do not drive or operate dangerous equipment while using narcotics.  Ways to manage side effects of your narcotic pain medication:  The severity of most of the common side effects is related to the dose and frequency at which the medication is taken. Ways to reduce the amount of narcotic pain medication you take include:   * Taking the medication only when necessary. It is better to manage milder pain with over-the-counter medications, such as Tylenol or ibuprofen, and reserve the narcotic pain medications for severe pain. If you alternate between taking acetaminophen (Tylenol) and a narcotic pain medication that contains acetaminophen, such as Percocet, Vicodin, or Norco, you should not take the two medications within 4 hours of each other. * The tablets of some (but not all) narcotic pain medications may be cut in half. Taking a half-dose may provide adequate pain relief, while reducing the side effects. Do not cut pills that are not meant to be cut in half, as this may release the medication too quickly. * Some patients may only require narcotic pain medication at night, when they are trying to sleep, and may be able to tolerate the pain without narcotic pain medication during the day.   Nausea: You may have less nausea if you eat before you take the narcotic pain medication. If you have a medication for nausea, such as Zofran, it may help to take the anti-nausea medication 30 minutes before taking the narcotic pain medication.  Constipation: It may be helpful to begin taking a stool softener before constipation develops.  More serious, but less common, issues related to narcotic pain medications:  Narcotic pain medications have the potential to cause addiction. The risk of addiction is low when narcotics are taken for only a few days, but taking any amount of narcotics may increase the likelihood of addiction.  Narcotic pain medications have the potential to cause dependence, which means that you may develop unpleasant symptoms when you stop taking the medication. Usually these symptoms are mild and brief when you have only taken the narcotics for a few days, but the symptoms can be severe and prolonged if you take narcotics for a long time and then stop.  Narcotic pain medications have the potential to cause tolerance, which means that after taking narcotics for a while, you may require increasing doses in order to manage pain. Unfortunately, many of the side effects of narcotics worsen as you take larger doses, making it difficult to control your pain.  Taking too much narcotic pain medication can lead to an overdose. This is more common in patients who are addicted or who have developed a tolerance to the medications. A narcotic overdose may lead to difficulty awakening from sleep, a decrease in your desire to breathe, and death. Narcotics are often combined with acetaminophen, which is the active ingredient in Tylenol. Acetaminophen overdose is also common in patients who take too much narcotic pain medications, which can lead to liver failure and death. If you are taking a narcotic that is combined with acetaminophen, such as Percocet, Vicodin, or Norco, you should not take additional Tylenol.  Long-term use of narcotics needs to be managed by a single provider, usually a patient's primary care provider. As a general policy, the providers at Boone Hospital Emergency Department do not refill narcotic prescriptions. |

&&& Detox and substance abuse treatment options

**Detox and Substance Abuse Treatment Options**

Boone Hospital’s Emergency Department Social Work

**573-815-6936**

**Social Detox and Residential Treatment** – Self pay or no insurance.

* Phoenix Programs – 875-8880 Columbia
* Hannibal Council (HCADA) – 573-248-1196 x219 Hannibal
* Preferred Family Health – 573-632-4321(business hours only) Jefferson City
* Preferred Family Healthcare – 660-665-1962 Kirksville
* Preferred Family Healthcare – 660-359-4600 (men only) Trenton

Need a funding source…

* Harris House – 314-631-4299 (need a funding source) St. Louis
* Valley Hope (8a to 5p) – 660-882-6547 (need a funding source) Boonville

**Medically Supervised Detox** – MOST will need a funding source ($)

* CenterPointe - 636-441-7300 St. Louis
* Research Medical Center – 816-276-3303 Kansas City
* Valley Hope (Modified Medical setting) – 660-882-6547 Boonville
* New Vision @ Research Medical Center – 816-276-3303 Kansas City
* New Vision – (withdrawal management) – 800-939-2273 Christian NE
* Capital Region – (withdrawal management) - 573-632-5817 Jefferson City
* Metropolitan St.Louis - 314-877-0500 St. Louis
* Bridgeway Behavioral Health –636-224-1210 (no $ needed) St.Charles

**Substance Abuse Treatment Services:**

* McCambridge Center for Women/ Compass Health (residential and outpatient for women **and** their children) – 573-449-3953 Columbia, MO. [www.fccmo.org](http://www.fccmo.org/) Call for phone screening and intake appointments. (no $ needed)
* Phoenix Programs (residential for men and co-ed outpatient) – 573-875-8880 Columbia, MO. [www.phoenixprogramsinc.org](http://www.phoenixprogramsinc.org/) (no $ needed)
* Valley Hope (co-ed residential) – 660-882-6547 Boonville, MO. (need funding) [www.valleyhope.com](http://www.valleyhope.com/)
* Bridgeway Behavioral Health (various options St. Charles and STL county) – 636-224-1210 St. Charles / St. Louis area. [www.bridgewaybh.com](http://www.bridgewaybh.com/) (no $)
* Pathways Community Behavioral Health /Compass Health (various $ /service options statewide) – 660-885-8131. [www.pathwaysonline.org](http://www.pathwaysonline.org/)
* Preferred Family Healthcare Inc. (co-ed residential and outpatient statewide) - 660-665-1962 Kirksville, MO [www.pfh.org](http://www.pfh.org/) (no $ needed)
* Turning Point – owned by HCADA (Outpatient) – 573-581-8828 Mexico, Mo

**Narcotics Anonymous – 1-800-945-4673 -** [**www.na.org**](http://www.na.org/) **Addiction Recovery**

* 12 Step program: free for anyone with an alcohol or substance problem. Call to find daily meetings or talk to another recovering addict.
* [www.midmissourina.org](http://www.midmissourina.org/)

Alcoholics Anonymous – 573-442-4424 [www.aa.columbia.missouri.org](http://www.aa.columbia.missouri.org/)

**Mid Missouri Crisis Line** – 1-888-761-4357

Support and referrals for all types of issues

Mental Health Crisis Line - 1-800-395-2132

Covers 10 counties and can provide up-to-date information.

**If you have insurance, consult the number on the back of your card for pre-authorization and coverage options. Columbia and surrounding areas have many individual therapists with substance abuse treatment knowledge. Please see your yellow pages under counselor, psychologist and psychotherapist for names and phone numbers.**

&&& Diarrhea – outpatient stool testing

* Collect stool in the collection containers provided.
* Return the samples to Boone Hospital along with the written order provided.
* Take Lomotil as prescribed to help with the diarrhea.
* Return to the emergency department if your symptoms worsen or new symptoms develop, such as blood in your stools, increased abdominal pain, increased weakness, vomiting, etc.

&&& Diverticulitis discharge instructions

**Summary of your evaluation and our discussion:**

|  |
| --- |
| * Your lab tests, which are included with this paperwork, {Blank single:19197::"\*\*\*","are unremarkable."} |

* Your CT scan shows you have diverticulitis.
* Usually diverticulitis can be treated as an outpatient with oral medications. Occasionally, patients with diverticulitis are sick enough to be admitted to the hospital. There are no signs to suggest you need hospitalization at this time. However, if your symptoms worsen, you should return to the emergency department for reevaluation and possible admission.
* Since there are many bacteria in your intestines which as contribute to this infection, I have prescribed two antibiotics. It is important that you complete your course of both of them.
* \*\*\*

**Recommendations:**

* Follow-up with your primary care provider if not improved in 3 days
* Return to the emergency department if your symptoms worsen or new symptoms develop.
* Cipro 500 mg twice a day for 7 days
* Flagyl 500 mg 3 times a day for 7 days
* Clear liquid diet for 24 to 48 hours.
* \*\*\*

**Regarding your Flagyl prescription:**  
Flagyl often interacts with alcohol and can cause intense vomiting.  Therefore, do not drink alcohol while taking Flagyl or for several days after you have completed your course of antibiotics.

&&& Diabetes, diet controlled, out of control, discharge instructions

**Regarding your blood sugars:**

Your blood sugar was high today. The results of your lab tests are included in this paperwork. You should record your blood sugar regularly and discuss them with your primary care provider. You should contact your primary care provider within 1 week and have your blood rechecked to see if you need to be on medications or need to watch your diet closer to control your blood sugars.

Diabetes, maybe new

**Regarding your blood sugar:**

Your blood sugar (glucose) was found to be elevated on your blood tests in the emergency department. Your blood sugar was high enough to suggest that your body may have trouble controlling your blood sugar levels, and that you may be at risk of developing diabetes. The results of your blood tests are included with this paperwork.

Diabetes is one of the leading causes of heart disease, stroke, kidney failure and limb amputations. It is important that you take this finding seriously and follow up with your primary care provider. Your primary care provider will do further testing to determine if you are at risk of developing diabetes.

Diabetes, new, obvious

**Regarding your blood sugar:**

Your blood sugar (glucose) was found to be elevated on your blood tests in the emergency department. Your blood sugar was high enough it strongly suggests you have diabetes. The results of your blood tests are included with this paperwork.

Diabetes is one of the leading causes of heart disease, stroke, kidney failure and limb amputations. It is important that you take this finding seriously and follow up with your primary care provider. It is possible that you do not have diabetes. Your primary care provider will do further testing to confirm the diagnosis.

{Blank single:19197::"To speed the evaluation of your blood sugars, a test called hemoglobin A1c (HgbA1c) has been ordered. The results are not available at the time you were discharged from the emergency department. Please let your primary care provider know that this is available so that they can check the results.","\*\*\*","" }

&&&DVT after TKR discharge instructions

* Notify your orthopedist of your blood clot.
* Stop taking aspirin.
* Return to the emergency department if your symptoms worsen or new symptoms develop.
* You will need to be on Xarelto for 3 to 6 months. Follow-up with your primary care provider for further evaluation and refills of your medication.

**Warnings about your new blood thinner:**

There can be a significant risk of bleeding while taking blood thinners. It has been determined that, in your case, the benefits of being on blood thinners outweighs the risks of bleeding.

There is a serious risk of bleeding inside your head associated with even minor falls while on blood thinners. If you fall, even if you do not strike your head, you should return to the emergency department for evaluation, possibly including a CT scan of your head.

There is also a serious risk of gastrointestinal bleeding. If you pass blood in your stools, have black stools, or have vomiting that is black or bloody, you should return to the emergency department for evaluation.

&&&Outpatient echo discharge instructions

**Scheduling your outpatient echocardiogram:**

An echocardiogram, often referred to as an "echo", is an ultrasound of the heart that enables the physician to assess how well your heart is functioning.

To further evaluate your symptoms, an order has been written for you to have an echocardiogram as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.

The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.

**Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.

If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method.

&&& Outpatient EEG discharge instructions

**Scheduling your outpatient EEG:**

An electroencephalogram, often referred to as an EEG, is used to record brain waves, often to assess for signs of seizures.

To further evaluate your symptoms, an order has been written for you to have an EEG as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.

The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.

**Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.

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&&& Outpatient EGD discharge instructions

**Scheduling your outpatient EGD:**

An esophagogastroduodenoscopy, often referred to as an EGD or upper endoscopy, is used to look at the esophagus and stomach, often to determine the cause of pain or bleeding.

To further evaluate your symptoms, an order has been written for you to have an EGD as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.

The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.

**Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.

If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method.

&&& Elevated bilirubin discharge instructions

**Regarding your elevated bilirubin:**

Your bilirubin was found to be elevated on your lab tests today. The bilirubin level is included with your discharge paperwork. Bilirubin is a chemical normally found in low levels in your blood. Bilirubin is a breakdown product of red blood cells that is excreted by your liver through your bile duct. There are many possible causes of your bilirubin being high. Some causes are minor, but some can be very serious. There is no reason to be concerned at this point but it is important that you follow up with your primary care provider for further evaluation. The first step is likely to repeat the bilirubin test to see if it has returned to normal or if it has increased. Additional testing of your liver, gallbladder and bile duct may be necessary.

&&& Elevated creatinine discharge instructions

**Regarding your creatinine:**

Creatinine is a nontoxic waste chemical found in the blood that is filtered and excreted by the kidneys. It is used to measure kidney function. Your creatinine was found to be elevated on your blood tests today. The result of your creatinine test is included in this paperwork. It is difficult to know the significance of this finding on a single measurement. It may well return to normal on repeat testing. However, it is important to determine if this could be a early sign of kidney disease. Therefore, you should follow up with your primary care provider in the next 1 to 2 weeks to discuss further evaluation, which may involve a repeat test to determine that the creatinine level has returned to normal.

&&& Elevated INR

Your INR, which measures the effectiveness of your Coumadin, is too high. You should not take your Coumadin \*\*\*. You should contact the health care provider who normally adjusts your Coumadin to notify them of your INR result so they can have your INR rechecked and advise you on adjusting your Coumadin dose. Your INR result has been included in this paperwork.

Because vitamin K counteracts the effects of Coumadin, it is important that you maintain a consistent diet while you are on Coumadin.

Return to the emergency department if signs of bleeding, such as bloody stools, black stools, blood in your urine, nose bleeds, or headache develop.

&&& Elevated potassium level

* Stop your potassium chloride.
* Continue taking your other medications.
* Repeat your potassium test in 2 weeks.
* Follow-up with your primary care provider.
* Return to the emergency department if symptoms develop.

**Regarding your potassium level:**

Your potassium level was higher than normal. Your test results are included in this paperwork. You should not take any potassium supplements. You should have the potassium level rechecked within 1 week by your primary care provider. Your potassium level may be elevated due to \*\*\*.

&&& Epistaxis discharge instructions

* Hold pressure on your nose for at least 20 minutes without checking if your bleeding recurs
* If your bleeding persists, then return to the emergency department
* If you are able to get the bleeding to stop, but it keeps recurring, you should follow-up {Blank single:19197::"an ENT doctor", "Dr. Scheidt", "Dr. Kinney"}.
* Avoid rubbing or blowing your nose
* Avoid lifting more than 20 lb or straining the equivalent of lifting more than 20 lb for 2 weeks.
* Avoid aspirin for the next 2 weeks
* Apply Afrin if bleeding recurs.
* {Blank single:19197::"Continue taking your Coumadin as prescribed.","Hold your Coumadin for \*\*\* days. Follow up with the provider who adjusts your Coumadin for further guidance."," "}

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| * Return to the emergency department in 3 days for removal of the nasal balloon. * Amoxil 500 mg three times a day for 7 days |

&&& Outpatient ERCP discharge instructions

**Scheduling your outpatient ERCP:**

To further evaluate your symptoms, an order has been written for you to have an ERCP as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.

The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.

**Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.

If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method.

&&& Flu discharge instructions

* Tamiflu 75 mg twice a day for 5 days
* Zofran 4 mg every 8 hours as needed for nausea
* Robitussin DM as needed for cough
* Afrin nasal spray twice a day for up to 3 days for runny nose
* Tylenol as needed for fever

&&& Follow up with COG discharge instructions

* Follow-up with the Columbia Orthopedic Group as soon as possible.

The Columbia Orthopedic Group

1 South Keene Street,

Columbia, MO 65201

573-443-2402

* Return to the emergency department if your symptoms worsen or new symptoms develop.

\*\*\*

&&& Follow up with FHC discharge instructions

* Follow-up with the Family Health Center \*\*\*

1001 W Worley St

Columbia, MO

573-214-2314

* Return to the emergency department if your symptoms worsen or new symptoms develop.

\*\*\*

**Resources to find cheaper medications:**

Many older drugs are available at local pharmacies at a reduced rate. The following pharmacies in Columbia offer many generic medications for $4 (or less). The list of drugs that each pharmacy offers can be found on their websites.

* Walmart www.walmart.com/cp/1078664
* Schnuck's nourish.schnucks.com/pharmacy-savings
* HyVee www.hy-vee.com/health/pharmacy/generics/default.aspx

Many antibiotics at Schnuck's are free.

Coupons for prescription medications can be found at www.goodrx.com. These coupons are available without providing any personal information and can sometimes provide significant savings on your prescription medications.

&&& Follow up with your PCP

* Follow-up with your primary care provider {Blank single:19197::"if not improved.","if not improved in 3 days", "for further evaluation.", "for further evaluation of \*\*\*.","."} {Blank single:19197::" ","If you do not a primary care provider, a list of primary care providers has been included in this paperwork."}
* Return to the emergency department if your symptoms worsen or new symptoms develop.

\*\*\*

&&& Outpatient Gallbladder US

**Scheduling your gallbaldder ultrasound:**

To further evaluate your symptoms, an order has been written for you to have an ultrasound of your gallbladder as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.

The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.

**Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.

If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method.

&&& Gastritis discharge instructions

* Prilosec 20 mg daily
* Avoid alcohol and anti-inflammatory medications (NSAIDs) like ibuprofen and naproxen.
* Follow-up with \*\*\* for further evaluation including, possibly, an upper endoscopy
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&& Gastroenteritis discharge instructions

**Summary of your evaluation and our discussion:**

* Your lab tests are included with this paperwork. Your lab tests are unremarkable.
* Your symptoms are likely related to a virus and will resolve on their own in a few days.
* I am prescribing Zofran to help with your nausea
* You can also take some Imodium which can be obtained over-the-counter for diarrhea
* Your symptoms are expected to improve over the next few days. If your symptoms worsen, or new symptoms such as abdominal pain, fever, blood in your vomit or stool, or lightheadedness develop, you should return to the emergency department.

**Recommendations:**

* Zofran 4 mg every 8 hours as needed for nausea or vomiting
* Drink lots of fluids. Water is best if you are able to eat. If you are unable to eat, Gatorade or Pedialyte would be better than water. Alcoholic and caffeinated beverages (such as soda, coffee, and tea) are not acceptable choices to help you stay well-hydrated.
* Follow-up with your primary care provider if not improved in 3 days
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&&Gout discharge instructions

**Summary of your evaluation and our discussion:**

* Your lab tests, which are included with this paperwork, are unremarkable.
* Please read the attached instructions on treating and preventing gout.
* I have prescribed colchicine to help stop your gout attack.
* I have also prescribed Percocet for your pain
* It is important you follow up with \*\*\* to discuss the possibility of taking preventive medicine to help prevent future attacks.
* You should return to the emergency room if your symptoms worsen or new symptoms develop.

**Recommendations:**

* Colchicine 0.6 mg, take 2 capsules immediately and then the last capsule 1 hour later
* Percocet 1-2 tablets every 4 hours as needed for pain
* Follow-up with \*\*\* for further evaluation of your gout.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

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| **Information about your narcotic prescription:**  Narcotic pain medications, such as oxycodone (Percocet), have many side effects. Common side effects include nausea and vomiting, constipation, drowsiness, confusion and an increased risk of falling. These side effects are usually worse in elderly patients.  Do not drive or operate dangerous equipment while using narcotics.  Ways to manage side effects of your narcotic pain medication:  The severity of most of the common side effects is related to the dose and frequency at which the medication is taken. Ways to reduce the amount of narcotic pain medication you take include:   * Taking the medication only when necessary. It is better to manage milder pain with over-the-counter medications, such as Tylenol or ibuprofen, and reserve the narcotic pain medications for severe pain. If you alternate between taking acetaminophen (tylenol) and a narcotic pain medication that contains acetaminophen, such as Percocet, Vicodin, or Norco, you should not take the two medications within 4 hours of each other. * The tablets of some (but not all) narcotic pain medications may be cut in half. Taking a half-dose may provide adequate pain relief, while reducing the side effects. Do not cut pills that are not meant to be cut in half, as this may release the medication too quickly. * Some patients may only require narcotic pain medication at night, when they are trying to sleep, and may be able to tolerate the pain without narcotic pain medication during the day.   Nausea: You may have less nausea if you eat before you take the narcotic pain medication. If you have a medication for nausea, such as Zofran, it may help to take the anti-nausea medication 30 minutes before taking the narcotic pain medication.  Constipation: It may be helpful to begin taking a stool softener before constipation develops.  More serious, but less common, issues related to narcotic pain medications:  Narcotic pain medications have the potential to cause addiction. The risk of addiction is low when narcotics are taken for only a few days, but taking any amount of narcotics may increase the likelihood of addiction.  Narcotic pain medications have the potential to cause dependence, which means that you may develop unpleasant symptoms when you stop taking the medication. Usually these symptoms are mild and brief when you have only taken the narcotics for a few days, but the symptoms can be severe and prolonged if you take narcotics for a long time and then stop.  Narcotic pain medications have the potential to cause tolerance, which means that after taking narcotics for a while, you may require increasing doses in order to manage pain. Unfortunately, many of the side effects of narcotics worsen as you take larger doses, making it difficult to control your pain.  Taking too much narcotic pain medication can lead to an overdose. This is more common in patients who are addicted or who have developed a tolerance to the medications. A narcotic overdose may lead to difficulty awakening from sleep, a decrease in your desire to breath, and death. Narcotics are often combined with acetaminophen, which is the active ingredient in Tylenol. Acetaminophen overdose is also common in patients who take too much narcotic pain medications, which can lead to liver failure and death. If you are taking a narcotic that is combined with acetaminophen, such as Percocet, Vidocin, or Norco, you should not take additional Tylenol.  Long-term use of narcotics needs to be managed by a single provider, usually a patient's primary care provider. As a general policy, the providers at Boone Hospital Emergency Department do not refill narcotic prescriptions. |

&&& Hand eczema discharge instructions

* Triamcinolone 0.1% apply to rash twice a day
* Apply Eucerin cream or vaseline to rash frequently throughout the day
* Avoid excessive washing
* Pat dry, rather than rubbing dry
* Wear gloves when washing dishes
* Follow-up with your primary care provider for further evaluation.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&& Headache return instructions

**Seek care immediately if:**

* You have severe pain.
* You have numbness or weakness on one side of your face or body.
* You have a headache that occurs after a blow to the head, a fall, or other trauma.
* You have a headache, are forgetful or confused, or have trouble speaking.
* You have a headache, stiff neck, and a fever.

**Contact your healthcare provider if:**

* You have a constant headache and are vomiting.
* You have a headache each day that does not get better, even after treatment.
* You have changes in your headaches, or new symptoms that occur when you have a headache.
* You have questions or concerns about your condition or care.

&&& Heart disease risk factors discharge instructions

**Regarding your risk factors for heart disease:**

You have multiple risk factors for heart disease.

Risk factors for heart disease are a combination of genetic and lifestyle. Many risk factors work by either directly or indirectly damaging the blood vessels of the heart, or by increasing the risk of forming blood or cholesterol clots, which then clog up and block the arteries.

Examples of physical lifestyle risk factors:

* Cigarette smoking
* High blood pressure
* High blood cholesterol
* Use of stimulant drugs such as cocaine, “crack,” and amphetamines
* Eating high-fat, high-cholesterol foods
* Diabetes
* Obesity which increases risk for diabetes and high blood pressure
* Lack of regular physical activity

Examples of emotional lifestyle factors:

* Chronic high stress levels release stress hormones. These raise blood pressure and cholesterol level and makes blood clot more easily.
* Held-in anger, hostile or cynical attitude
* Social and emotional isolation, lack of intimacy
* Loss of relationship
* Depression

Other factors that increase the risk of heart attack that you cannot control:

* Age. The older you get beyond 40, the greater is your risk of significant coronary artery disease.
* Gender. More men than women get heart disease; but once past menopause, women who are not taking estrogen replacement have the same risk as men for a heart attack.
* Family history. If your mother, father, brother or sister has coronary artery disease, your risk of having it is higher than a person your age without this family history.

**What can you do to decrease your risk**

To reduce your risk for heart disease:

* Get regular checkups with your doctor.
* Take your medicines for blood pressure, cholesterol or diabetes as directed.
* Watch your diet. Eat a heart healthy diet choosing fresh foods, less salt, cholesterol, and fat
* Stop smoking. Get help if needed. You should talk to your primary care provider about medications that can help you quit.
* Get regular exercise.
* Manage stress.
* Carry a list of medicines and doses in your wallet.

&&& Heat exhaustion discharge instructions

**Summary of your evaluation and our discussion:**

* Your lab tests are included with this paperwork. Your lab tests {Blank single:19197::"are unremarkable.":0} \*\*\*
* Even though you have received IV fluids in the emergency department, it will take time for the fluid to move from your blood vessels to your tissues, so you continue to be underhydrated. Therefore, you should continue to drink lots of fluid and avoid the heat for the next 24 hours.

**Recommendations:**

* Avoid heat exposure for at least the next 24 hours.
* Drink lots of fluids. Water is best if you are able to eat. If you are unable to eat, Gatorade or Pedialyte would be better than water. Alcoholic and caffeinated beverages (such as soda, coffee, and tea) are not acceptable choices to help you stay well-hydrated.
* Follow-up with your primary care provider if mild symptoms persist
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&&Hematuria discharge instructions

**Summary of your evaluation and our discussion:**

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| * Your lab tests, which are included with this paperwork, show blood in your urine but no other problems. It does not show any other signs of a bladder infection, although sometimes bleeding may be the only symptom. Therefore I have prescribed \*\*\* to take for a week. |

* Other causes of bleeding may include bladder tumors or kidney cancer. Because of this it is important that you follow-up with a urologist for further evaluation.

|  |
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| * Please read the attached instructions regarding hematuria. |

* If the bleeding persists then the main problem that you may experience acutely is a blockage due to blood clots. If you are unable to urinate or began having pain then you should return to the emergency department.

**Recommendations:**

* {Blank single:19197::"\*\*\*","Cipro 500 mg twice a day for 1 week","Bactrim DS 1 tablet twice a day for 1 week"}
* Follow-up with a urologist for further evaluation. If you do not have a urologist, you can call to make an appointment with:

Urology Associates

105 N Keene St Ste 201

Columbia, MO 65201

573-499-4990

* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&& Hemorrhoid discharge instructions

* Tramadol 50 mg 1 tablet every 6 hours as needed for pain
* Dulcolax 5 mg daily to maintain soft stools
* Lidex 0.05% ointment apply twice a day
* Lidocaine gel apply every 4 hours as needed
* Use rubber ring for sitting
* Follow-up with Dr. \*\*\* for further management if not improved.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

**Regarding your Tramadol prescription:**

Tramadol is a prescription pain medicine which has some characteristics of narcotic pain medication. It can make you sleepy and you should not drive or operate dangerous equipment while taking Tramadol. It can be addictive although the risk of addiction is considered low than the risk of addiction from narcotic pain medications.

Tramadol can increase the risk of seizures. You should not take Tramadol if you have had a history of seizures.

&&& Outpatient Holter discharge instructions

**Scheduling your outpatient Holter monitor:**

To further evaluate your symptoms, an order has been written for you to have a Holter monitor as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.

The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.

**Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.

If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method.

&&& Hyperemesis discharge instructions

* Unisom 12.5 mg (1/2 tablet) twice a day
* Pyridoxine 25 mg three times a day
* Drink lots of fluids. Water is best if you are able to eat. If you are unable to eat, Gatorade or Pedialyte would be better than water. Alcoholic and caffeinated beverages (such as soda, coffee, and tea) are not acceptable choices to help you stay well-hydrated.
* Avoid alcohol and tobacco use as these are dangerous to the baby, especially in early pregnancy
* Take a prenatal vitamin daily
* Follow-up with Women's Health Associates
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&& Hypertension discharge instructions

**Regarding your blood pressure:**

Your blood pressure was noted to be high on at least one blood pressure reading in the emergency department. It is not uncommon for patients who do not normally have high blood pressure to have an elevated blood pressure in the emergency department due to the stress of their illness or from the stress of being in the emergency department. But, it may indicate that you have untreated or undertreated high blood pressure. High blood pressure is usually not a problem over short periods of time. But, chronic high blood pressure can lead to serious injury to your brain, heart and kidneys. It is one of the major risk factors for stroke and heart attack, and one of the leading causes of kidney failure. It is important for you to follow up with your primary care provider for further evaluation and treatment (if needed) of your blood pressure.

If you have a blood pressure cuff at home, it would be helpful to record your blood pressure twice a day, at the same time each day, and bring this record with you when you see your primary care provider. It is not necessary, or helpful, to check your blood pressure more often than twice a day. It is not necessary to buy a blood pressure cuff unless your primary care provider advises you to get one. If you do not have one and wish to have your blood pressure checked occasionally, many pharmacies have automatic blood pressure cuffs available to use while you are there.

There are no specific limits that define when a blood pressure requires emergent treatment. High blood pressure that is associated with symptoms such as headache, visual disturbance, numbness, weakness, incoordination, trouble with your speech, confusion, chest pain, or trouble breathing is much more concerning and may require emergent treatment. High blood pressure that is not associated with any symptoms often does not require emergent treatment. As a guideline, a persistent blood pressure of 200/100 could be considered a reason to seek emergent evaluation. If your blood pressure reading at home is 200/100, it would be reasonable to repeat the reading in 30 minutes. If it remains persistently high, it would then be reasonable to return to the emergency department for further evaluation.

&&& Kidney stone discharge instructions

**Summary of your evaluation and our discussion:**

* Your lab tests are included with this paperwork. Your lab tests are unremarkable.
* Your CT scan shows a \*\*\* mm kidney stone in the {Blank single:19197::"ureter near the kidney","ureter near the bladder"} on the {Blank single:19197::"right","left"} side. This is a {Blank single:19197::"small","medium","large"} stone that is {Blank single:19197::"likely","unlikely"} to pass on its own.
* I have prescribed medications to help with your symptoms until the stone passes on its own.
* You should follow-up with a urologist for further evaluation.
* You should return to the emergency department if your symptoms worsen or new symptoms develop.

**Recommendations:**

* Strain your urine
* Percocet 1- 2 tabs every 4 hours as needed for pain
* Toradol 10 mg every 6 hours as needed for pain
* Zofran 4 mg every 8 hours as needed for nausea
* Flomax 0.4 mg daily to help the stone pass
* Follow-up with Urology Associates if not improved in 1 week

Call to make an appointment with:

Urology Associates

105 N Keene St Ste 201

Columbia, MO 65201

573-499-4990

* Return to the emergency department if your symptoms worsen or new symptoms develop.

|  |
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| **Information about your narcotic prescription:**  Narcotic pain medications, such as oxycodone (Percocet) and hydrocodone (Vicodin or Norco), have many side effects. Common side effects include nausea and vomiting, constipation, drowsiness, confusion and an increased risk of falling. These side effects are usually worse in elderly patients.  Do not drive or operate dangerous equipment while using narcotics.  Ways to manage side effects of your narcotic pain medication:  The severity of most of the common side effects is related to the dose and frequency at which the medication is taken. Ways to reduce the amount of narcotic pain medication you take include:   * Taking the medication only when necessary. It is better to manage milder pain with over-the-counter medications, such as Tylenol or ibuprofen, and reserve the narcotic pain medications for severe pain. If you alternate between taking acetaminophen (tylenol) and a narcotic pain medication that contains acetaminophen, such as Percocet, Vicodin, or Norco, you should not take the two medications within 4 hours of each other. * The tablets of some (but not all) narcotic pain medications may be cut in half. Taking a half-dose may provide adequate pain relief, while reducing the side effects. Do not cut pills that are not meant to be cut in half, as this may release the medication too quickly. * Some patients may only require narcotic pain medication at night, when they are trying to sleep, and may be able to tolerate the pain without narcotic pain medication during the day.   Nausea: You may have less nausea if you eat before you take the narcotic pain medication. If you have a medication for nausea, such as Zofran, it may help to take the anti-nausea medication 30 minutes before taking the narcotic pain medication.  Constipation: It may be helpful to begin taking a stool softener before constipation develops.  More serious, but less common, issues related to narcotic pain medications:  Narcotic pain medications have the potential to cause addiction. The risk of addiction is low when narcotics are taken for only a few days, but taking any amount of narcotics may increase the likelihood of addiction.  Narcotic pain medications have the potential to cause dependence, which means that you may develop unpleasant symptoms when you stop taking the medication. Usually these symptoms are mild and brief when you have only taken the narcotics for a few days, but the symptoms can be severe and prolonged if you take narcotics for a long time and then stop.  Narcotic pain medications have the potential to cause tolerance, which means that after taking narcotics for a while, you may require increasing doses in order to manage pain. Unfortunately, many of the side effects of narcotics worsen as you take larger doses, making it difficult to control your pain.  Taking too much narcotic pain medication can lead to an overdose. This is more common in patients who are addicted or who have developed a tolerance to the medications. A narcotic overdose may lead to difficulty awakening from sleep, a decrease in your desire to breath, and death. Narcotics are often combined with acetaminophen, which is the active ingredient in Tylenol. Acetaminophen overdose is also common in patients who take too much narcotic pain medications, which can lead to liver failure and death. If you are taking a narcotic that is combined with acetaminophen, such as Percocet, Vidocin, or Norco, you should not take additional Tylenol.  Long-term use of narcotics needs to be managed by a single provider, usually a patient's primary care provider. As a general policy, the providers at Boone Hospital Emergency Department do not refill narcotic prescriptions. |

&&& Knee injury discharge instructions

* Apply ice to your knee for no more than 20 minutes out of each hour.
* Ibuprofen 400 mg every 6 hours as needed for pain.
* Keep your leg elevated as much as possible.
* Rest your knee as much as possible.
* Wear the knee immobilizer whenever you are walking.
* Follow-up with the Columbia Orthopedic Group.

The Columbia Orthopedic Group

1 South Keene Street,

Columbia, MO 65201

573-443-2402

* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&& Elevated LFT discharge instructions

**About your liver function tests:**

Your liver function tests were found to be slightly elevated today. Based on the one-time results obtained today, it is difficult to know how significant this finding may be. Often these test will be temporarily elevated due to a minor condition, such as a viral infection. However if these tests remain persistently high or continued to increase, they may represent a serious condition. The first step is to have them rechecked to see if they remain high or continue to increase. These test results are included with your discharge paperwork. You should follow up with your primary care provider to have these rechecked in the next 1-2 weeks.

&&& Low INR discharge instructions

Your INR, which measures the effectiveness of your Coumadin, is lower than the therapeutic range. You should contact the health care provider who normally adjusts your Coumadin to notify them of your INR result so they can advise you on adjusting your Coumadin dose. Your INR result has been included in this paperwork.

&&&Managing medications discharge instructions

Consider adjusting how you manage your medications. It is important that you take your medications correctly. Some ways that may help include:

* Sort your medications out once a week and put them in a pill container.
* Keep different medications in different places. For instance:
  + Keep different types of insulin on different shelves of the refrigerator.
  + Keep medications that you take at different times of the day in different rooms.
* Involve someone else in managing your medicines.

&&&Metformin discharge instructions

**Regarding your metformin prescription:**

Because of the risk of a serious interaction between metformin and the IV contract you received during your CT scan, you should not take metformin for 48 hours after your CT scan. Take glipizide instead of metformin for the next 48 hours. Check your blood sugar three times a day. Do not take glipizide if your blood sugars are less than 100.

&&& Outpatient MRI discharge instructions

**Scheduling your MRI:**

To further evaluate your symptoms, an order has been written for you to have an MRI as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.

The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.

**Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.

If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method.

&&&Nasal fracture discharge instructions

**Summary of your evaluation and our discussion:**

* Your test results are included with this paperwork.
* Your CT shows you have a fracture of your nose.
* {Blank single:19197::"Your nasal fracture appears significantly displaced and will require straightening by a plastic surgeon when the swelling goes down.","Your nasal fracture is likely to heal on its own however when the swelling goes down, it may become clear that it needs to be straightened."}
* The phone number of Dr. Seaberg, the plastic surgeon, has been included in this paperwork in case you need to follow up with him.

**Recommendations:**

* Amoxil 500 mg three times a day for 7 days
* Ibuprofen 400 mg three times a day as needed for pain
* Don't blow your nose
* Apply ice to your nose.
* Keep your head elevated while sleeping until swelling resolves.
* Afrin nasal spray twice a day for up to 3 days to decrease swelling inside your nose (this can be obtained over-the-counter)
* Follow-up with Dr. Seaberg within 5-7 days{Blank single:19197::"if your nose appears crooked when the swelling goes down.","."}
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&&Neck pain discharge instructions

**Summary of your evaluation and our discussion:**

* Your CT shows \*\*\*
* Your pain may be related to a pulled muscle or a herniated disk
* I have ordered an outpatient MRI to look for a herniated disk.
* If your pain, numbness and weakness improves significantly before you get the MRI, you may not need the MRI.
* You should follow-up with your primary care provider or the Columbia Orthopedic Group.

The Columbia Orthopedic Group

1 South Keene Street,

Columbia, MO 65201

573-443-2402

* If your symptoms worsen or you develop new symptoms, such as numbness or weakness in your arms or legs, numbness in your groin, or loss of control of your bowels or bladder, you should return to the emergency department.

**Recommendations:**

* Percocet 1-2 tablets every 4 hours as needed for pain
* Ibuprofen 400 mg every 6 hours as needed for pain
* Flexeril 10 mg three times a day as needed for muscle spasms
* Outpatient MRI cervical spine
* Follow-up with the Columbia Orthopedic Group as soon as possible.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

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| **Scheduling your MRI:**  To further evaluate your symptoms, an order has been written for you to have an MRI as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.  The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.  **Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.  If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method. |

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| **Regarding your Flexeril prescription:**  Flexeril may make you sleepy. Do not drive while taking Flexeril. If your pain has improved after taking Flexeril three times a day for a couple of days but the medicine is making you too sleepy, you can try reducing the dose to just one pill a day taken before bedtime. |

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| **Information about your narcotic prescription:**  Narcotic pain medications, such as oxycodone (Percocet), have many side effects. Common side effects include nausea and vomiting, constipation, drowsiness, confusion and an increased risk of falling. These side effects are usually worse in elderly patients.  Do not drive or operate dangerous equipment while using narcotics.  Ways to manage side effects of your narcotic pain medication:  The severity of most of the common side effects is related to the dose and frequency at which the medication is taken. Ways to reduce the amount of narcotic pain medication you take include:   * Taking the medication only when necessary. It is better to manage milder pain with over-the-counter medications, such as Tylenol or ibuprofen, and reserve the narcotic pain medications for severe pain. If you alternate between taking acetaminophen (tylenol) and a narcotic pain medication that contains acetaminophen, such as Percocet, Vicodin, or Norco, you should not take the two medications within 4 hours of each other. * The tablets of some (but not all) narcotic pain medications may be cut in half. Taking a half-dose may provide adequate pain relief, while reducing the side effects. Do not cut pills that are not meant to be cut in half, as this may release the medication too quickly. * Some patients may only require narcotic pain medication at night, when they are trying to sleep, and may be able to tolerate the pain without narcotic pain medication during the day.   Nausea: You may have less nausea if you eat before you take the narcotic pain medication. If you have a medication for nausea, such as Zofran, it may help to take the anti-nausea medication 30 minutes before taking the narcotic pain medication.  Constipation: It may be helpful to begin taking a stool softener before constipation develops.  More serious, but less common, issues related to narcotic pain medications:  Narcotic pain medications have the potential to cause addiction. The risk of addiction is low when narcotics are taken for only a few days, but taking any amount of narcotics may increase the likelihood of addiction.  Narcotic pain medications have the potential to cause dependence, which means that you may develop unpleasant symptoms when you stop taking the medication. Usually these symptoms are mild and brief when you have only taken the narcotics for a few days, but the symptoms can be severe and prolonged if you take narcotics for a long time and then stop.  Narcotic pain medications have the potential to cause tolerance, which means that after taking narcotics for a while, you may require increasing doses in order to manage pain. Unfortunately, many of the side effects of narcotics worsen as you take larger doses, making it difficult to control your pain.  Taking too much narcotic pain medication can lead to an overdose. This is more common in patients who are addicted or who have developed a tolerance to the medications. A narcotic overdose may lead to difficulty awakening from sleep, a decrease in your desire to breath, and death. Narcotics are often combined with acetaminophen, which is the active ingredient in Tylenol. Acetaminophen overdose is also common in patients who take too much narcotic pain medications, which can lead to liver failure and death. If you are taking a narcotic that is combined with acetaminophen, such as Percocet, Vidocin, or Norco, you should not take additional Tylenol.  Long-term use of narcotics needs to be managed by a single provider, usually a patient's primary care provider. As a general policy, the providers at Boone Hospital Emergency Department do not refill narcotic prescriptions. |

&&& Neuropathic pain discharge instructions

**Summary of your evaluation and our discussion:**

* Your pain is likely due to a nerve injury. This is called neuropathic pain. {Blank single:19197::"It is unclear what caused the injury to your nerve.","\*\*\*"}
* Neuropathic pain can be difficult to treat. It is not usually treated effectively with narcotic pain medication.
* Gabapentin works specifically on nerves to treat neuropathic pain. It will not affect other types of pain.
* Some people need to take higher doses of gabapentin to manage their pain. Gabapentin is usually started at a lower than effective dose in order to reduce side effects, particulary drowsiness, and then slowly increased to higher doses.
* You should follow up with a neurologist for further evaluation and treatment of your nerve injury and your pain.\*\*\*
* You may also benefit from seeing a pain management specialist. Contact information is included with this paperwork.\*\*\*

**Recommendations:**

* Gabapentin 300 mg three times a day, then slowly increase up to 600 mg three times a day
* Follow-up with a neurologist
* Follow-up with a pain management specialist.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&& No Narcotics discharge instructions

* Follow-up with your pain management doctor for further narcotic medications.
* The policy of the providers at Boone emergency department is to not provide narcotics for chronic pain to patients who have run out of their prescribed pain medications.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&& NSAIDS for inflammation

Naproxen 500 mg twice a day for 1 week. Although the medicine may help with the pain, you are taking it to treat the inflammation. Therefore, you should continue to take the medicine for 1 week whether it feels like it helps with the pain or not, and you should continue to take it even if the pain resolves. If you stop it early, the inflammation may flare up again.

The medicine may cause irritation to your stomach. Take Prilosec 20 mg daily to protect your stomach. Taking high doses of this medicine for a long time can lead to stomach ulcers and kidney problems. You should not take this medicine for more than a week at a time without talking to your primary care provider. If your pain persists, there may be other medicines that would work better.

If your symptoms are getting worse or new symptoms develop, you should return to the emergency department.

&&& Orthostatic hypotension discharge instructions

**Regarding your decreased blood pressure when you stand up:**

Your blood pressure decreased significantly when you stood up. The drop in your blood pressure with standing is called orthostatic hypotension. It has improved after you were given IV fluids. The drop in blood pressure may be related to dehydration. It is important that you drink plenty of fluids each day. If you are drinking plenty of fluids and continue to have problems, there are other causes of orthostatic hypotension. If you continue to have problems, you should follow-up with your primary care provider.

&&&Palpitation discharge instructions

* If your symptoms recur, try to count your pulse, since it would be very helpful to know how fast your heart is going.
* If your symptoms recur, try to stay calm, since becoming anxious about your symptoms often make them much worse.
* Avoid caffeine and other stimulants until it is clear whether these might be making your symptoms worse or occur more frequently.
* 24 hour Holter monitor
* Follow-up with your primary care provider for further evaluation.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

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| **Scheduling your outpatient Holter monitor:**  To further evaluate your symptoms, an order has been written for you to have a Holter monitor as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.  The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.  **Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.  If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method. |

&&& Parotitis discharge instructions

**Summary of your evaluation and our discussion:**

* Your lab tests are included with this paperwork. Your lab tests are unremarkable. Your CT scan shows enlargement and inflammation of your \*\*\* parotid gland. This is known as parotitis. This may be caused by a viral infection or a bacterial infection. There is no evidence of a blockage of the duct leading from your parotid gland. There is no evidence of abscess.
* I have prescribed Augmentin in case this is a bacterial infection. If your symptoms worsen you may require IV antibiotics, however there is no evidence that suggests you need IV antibiotics at this time.
* It may also help for you to suck on lemon drops to help increase the flow of saliva out of your parotid gland.
* You should follow-up with Dr. \*\*\* for further evaluation if you are not improved in 1 week.
* If your symptoms worsen or new symptoms develop you should return to the emergency room.

**Recommendations:**

* Augmentin 875 mg twice a day for 7 days
* Suck on lemon drops multiple times a day
* Follow-up with Dr. \*\*\* if not improved in 1 week
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&& PCPs accepting new patients

|  |  |  |  |
| --- | --- | --- | --- |
| Currently Accepting New Patients | Phone | Accepts Medicare? | Boone Medical Group? |
| Mindy Doscher, NP | 573-499-9009 | Yes | Yes |
| Kelly Borgmeyer, NP | 573-445-3430 | Yes | No |
| Kelli Cash, NP\* | 573-682-5588 | Yes | Yes |
| Megan Hecht, NP+ | 573-499-9009 | Yes | No |
| Thomas Ciolino, MD | 573-876-1667 | No | No |
| Cathy Cody, MD\* | 573-682-5588 | Yes | Yes |
| Rachel Yutz, MD+ | 573-449-9009 | Yes | Yes |
|  |  |  |  |
| Cynthia Hayes, MD | 573-447-4400 | Yes | No |
| Sedra Ketcham, NP+ | 573-657-9354 | Yes | Yes |
| Barbara King, NP | 573-449-0808 | Yes | No |
| Katie Konie, NP | 573-447-4400 | Yes | No |
| Marianne Lopez-Rhodes, MD | 573-449-9009 | Yes | Yes |
| Redonda Marshall, NP | 573-815-8130 | Yes | Yes |
| Ellen McQuie, MD | 573-449-0808 | Yes | No |
| Ashley Millham, MD | 573-449-0808 | Yes | No |
| Rubab Naqvi, MD | 573-449-9009 | Yes | Yes |
| Tim Soncasie, MD | 573-876-1660 | Yes | No |
| Raman Puri, MD | 573-874-3235 | Yes | No |
| Sara Revelle, NP | 573-449-9009 | Yes | Yes |
| Paul Schoephoerster, MD | 573-815-8130 | Yes | Yes |
| Carolle Silney, MD | 573-445-3430 | Yes | No |
| Justin Terrell, MD | 573-449-0808 | Yes | No |
| Siamac Vahabzadeh, MD | 573-449-0808 | Yes | No |
| Aaron Whiting, MD# | 660-682-3955 | Yes | Yes |

\* located in Centralia

+located in Ashland

#located in Boonville

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Primary Care Providers | Phone | Accepts Medicare? | Boone Medical Group? |
|  | 573-876-1660 | No | No |
| Holly Boyer, MD | 573-499-9009 | Yes | Yes |
| James Brocksmith, DO | 573-875-6504 | Yes | No |
| Michael Daly, DO | 573-815-2236 | Yes | Yes |
|  | 573-442-0320 | Yes | No |
|  | 573-499-9009 | Yes | Yes |
|  | 573-815-8130 | Yes | Yes |
| Rebecca Llorens, MD | 573-499-9009 | Yes | Yes |
| Nathaniel Murphey, MD+ | 573-657-9354 | Yes | Yes |
|  | 573-441-1000 | Yes | No |
| George Prica, MD | 573-449-0808 | Yes | No |
| R. Wade Schondelmeyer, MD | 573-876-1682 | No | No |
| Christina Stixrud, MD | 573-441-1000 | Yes | No |
| Douglas Vogt, MD | 573-442-0320 | Yes | No |
| Kenneth Weston, MD | 573-449-0808 | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| MD VIP Physicians | Phone | Accepts Medicare? | Boone Medical Group? |
| Donald Delwood, MD | 573-876-1666 | Yes | No |
| Lyndell Scoles, MD | 573-815-8155 | Yes | No |

&&& Pelvic ultrasound discharge instructions

**Scheduling your pelvic ultrasound:**

To further evaluate your symptoms, an order has been written for you to have a pelvic ultrasound as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.

The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.

**Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.

If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method.

&&&Pharyngitis discharge instructions

**Summary of your evaluation and our discussion:**

* Your lab tests, which are included with this paperwork., are unremarkable. Your strep test was negative.
* Your infection is likely to be viral, although there other bacterial infections that may cause this. We have sent the swab for a throat culture to see if anything else will grow.
* I have prescribed a medicine that may help provide temporary relief for your discomfort.
* You may also use Tylenol or ibuprofen for the pain.
* You may also get some improvement with gargling salt water.

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| * One possible viral infection which may cause your symptoms is infectious mononucleosis. It can be detected with a blood test although it often takes several days to 1 week before this test becomes positive. If your symptoms do not improve after 1 week, it may be worthwhile to be tested for this, since it may indicate a longer course of infection and can cause additional problems including risk of spleen rupture. Your spleen was not enlarged today. |

**Recommendations:**

* Magic Mouthwash 5 ml swish and swallow every 4 hours as needed for sore throat
* Tylenol or ibuprofen as needed for pain
* Focus on staying hydrated by drinking lots of fluids. Water is best if you are able to eat. If you are unable to eat, Gatorade or Pedialyte would be better than water. Alcoholic and caffeinated beverages (such as soda, coffee, and tea) are not acceptable choices to help you stay well-hydrated.
* Drink cold liquids to help provide relief.
* Gargle with salt water
* Follow-up with your primary care provider if not improved in 1 week.
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&& Piriformis discharge instructions

Piriformis Stretching Exercises

https://www.baycare.net/media/1473/stretchingexercisesforpiriformis.pdf

&&& Thrombocytopenia

**Regarding your low platelets:**

Your platelet count, which is included in this paperwork, is lower than normal. Fortunately, you have plenty of platelets left and are not in any danger of bleeding. It is likely that the decrease in your platelets is temporary\*\*\*. However, it is possible that the low platelets is a sign of a more chronic disease, which may require more evaluation. The first step is to have your platelet count repeated by your primary care provider in a few weeks.

&&&Pneumonia discharge instructions

**Summary of your evaluation and our discussion:**

* Your lab tests are included with this paperwork. Your lab tests are unremarkable. Your {Blank single:19197::"chest x-ray",""CT scan"} shows evidence of pneumonia in {Blank single:19197::"both of your lungs","your right lung","your left lung"}. {Blank single:19197::"This is probably also the explanation for your pain.",""}
* Given the increased risk due to your \*\*\*, I have prescribed 2 antibiotics to increase the chances that your pneumonia will resolved.

**Recommendations:**

* Amoxil 1000 mg three times a day for 5 days
* {Blank single:19197::"Z pack (azithromycin) 2 tablets on the first day, 1 tablet a day for the next 4 days","Doxycycline 100 mg twice a day for 5 days"}
* Follow-up with your primary care provider if not improved in 3 days
* {Blank single:19197::"Ask your primary care provider to schedule a repeat CT scan in 3 months.",""}
* Return to the emergency department if your symptoms worsen or new symptoms develop.

&&& Generic procedure discharge instructions

**Scheduling your outpatient \*\*\*:**

To further evaluate your symptoms, an order has been written for you to have an \*\*\* as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.

The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.

**Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.

If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method.

&&&Pseudoseizure discharge instructions

**Summary of your evaluation and our discussion:**

* Your lab tests, which are included with this paperwork, \*\*\*
* It is difficult to know whether you are having true seizures or if you are having nonepileptic seizures. See the attached instructions which described both conditions.
* Typically, seizure medications are not started until there is evidence that you are at high risk for future seizures. Usually, seizure medications are started after a second seizure or if your EEG is abnormal.
* In your case, seizure medications {Blank single:19197::"have been started because you have had more than one seizure", "have not been started at this time, but may be started later if you have another seizure or have an abnormal EEG."}
* You will need to follow up with a neurologist for further evaluation, who may determine that you do not need seizure medications based on your EEG.
* I have ordered an outpatient {Blank single:19197::"EEG and MRI of the brain","EEG"}. An EEG is used to record brain waves to assess for signs of a seizure.
* According to Missouri state law, a person who has seizures cannot drive until they have not had a seizure for 6 months.

**Recommendations:**

* Do not drive. According to Missouri state law, a person cannot drive after having a seizure until they have not had a seizure for 6 months. In addition, you should try to avoid other situations which could be dangerous if you were to have a seizure, such as:

- bathing,

- swimming alone,

- open boating,

- bicycling,

- working around open flames

- being in high places.

|  |
| --- |
| * Take Keppra 500 mg twice a day |

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| * Outpatient {Blank single:19197::"EEG and MRI of the brain","EEG"} |

* Follow-up with Neurology, Inc for further evaluation
* Return to the emergency department if your symptoms recur or new symptoms develop.

&&& PVD discharge instructions

**Summary of your evaluation and our discussion:**

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| * Your lab tests, which are included with this paperwork, \*\*\*. |

* \*\*\*
* It is very important that you stop smoking and keep your blood pressure under good control to decrease the risk that your symptoms may worsen.

|  |
| --- |
| * Please read the attached instructions regarding peripheral vascular disease. The attached instructions have been provided for your information and to help you know what to watch for, even though it is not clear at this time that you have PVD. |

* \*\*\*

**Recommendations:**

* \*\*\*
* Stop smoking

|  |
| --- |
| * Follow-up with \*\*\* * Return to the emergency department if your symptoms worsen or new symptoms develop. |

&&& Pyelonephritis discharge instructions

**Summary of your evaluation and our discussion:**

* Your lab tests, which are included with this paperwork, show signs of a urinary tract infection (UTI). Your exam suggests that you have a kidney infection.
* I have prescribed Cipro for your kidney infection. We have given you the first dose of the antibiotic in the emergency department.\*\*\* It is very important that you fill your prescription and take the rest of the antibiotics.
* Occasionally, a patient with a kidney infection will get sick enough to require admission to the hospital. It is important that you return to the emergency department if your symptoms worsen or new symptoms develop.
* It is possible that the bacteria causing your UTI is not suspectible to the initial choice of antibiotic. Your urine culture results will be available in 3 days. Follow up with your primary care provider or contact the emergency department (573-815-3501) if your symptoms persist to check on your urine culture results to see if you need a different antibiotic. If your symptoms clear up, you do not need to check your urine culture results.
* Please read the attached instructions regarding kidney infection for further information including worsening signs that require returning to the emergency department.

**Recommendations:**

* Cipro 500 mg twice a day for 7 days
* Zofran 4 mg every 8 hours as needed for nausea or vomiting
* Drink lots of fluids. Water is best if you are able to eat. If you are unable to eat, Gatorade or Pedialyte would be better than water. Alcoholic and caffeinated beverages (such as soda, coffee, and tea) are not acceptable choices to help you stay well-hydrated.
* Follow up with your primary care provider or contact the emergency department (573-815-3501) if your symptoms persist to check on your urine culture results to see if you need a different antibiotic. If your symptoms clear up, you do not need to check your urine culture results.
* Return to the emergency department if your symptoms worsen or new symptoms develop. Be particularly alert for fever, chills, vomiting, or flank pain which may indicate that your UTI has progressed to a kidney infection.

&&& Refill discharge instructions

You have been a refill of your medications in the emergency department. The physicians in the emergency department do not routinely refill medications. You have only been given enough to last a short time. You are expected to follow up with the provider who typically prescribes your medications to get further refills. You should not expect to get further refills from the emergency department.

&&& Renal ultrasound discharge instructions

**Scheduling your ultrasound of your kidneys:**

To further evaluate your symptoms, an order has been written for you to have an ultrasound of the kidneys as an outpatient test at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.

The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.

**Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.

If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method.

&&& Rib fracture discharge instructions

* Percocet 1-2 tablets every 4 hours as needed for pain
* Incentive spirometry hourly while awake until pain resolves
* Follow-up with your primary care provider if not improved in 1 week
* Return to the emergency department if your symptoms worsen or new symptoms develop, especially shortness of breath, cough, fever, or other signs of pneumonia.

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| **Resources to find cheaper medications:**  Many older drugs are available at local pharmacies at a reduced rate. The following pharmacies in Columbia offer many generic medications for $4 (or less). The list of drugs that each pharmacy offers can be found on their websites.   * Walmart www.walmart.com/cp/1078664 * Schnuck's nourish.schnucks.com/pharmacy-savings * HyVee www.hy-vee.com/health/pharmacy/generics/default.aspx   Many antibiotics at Schnuck's are free.  Coupons for prescription medications can be found at www.goodrx.com. These coupons are available without providing any personal information and can sometimes provide significant savings on your prescription medications. |

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| **Information about your narcotic prescription:**  Narcotic pain medications, such as oxycodone (Percocet), have many side effects. Common side effects include nausea and vomiting, constipation, drowsiness, confusion and an increased risk of falling. These side effects are usually worse in elderly patients.  Do not drive or operate dangerous equipment while using narcotics.  Ways to manage side effects of your narcotic pain medication:  The severity of most of the common side effects is related to the dose and frequency at which the medication is taken. Ways to reduce the amount of narcotic pain medication you take include:   * Taking the medication only when necessary. It is better to manage milder pain with over-the-counter medications, such as Tylenol or ibuprofen, and reserve the narcotic pain medications for severe pain. If you alternate between taking acetaminophen (tylenol) and a narcotic pain medication that contains acetaminophen, such as Percocet, Vicodin, or Norco, you should not take the two medications within 4 hours of each other. * The tablets of some (but not all) narcotic pain medications may be cut in half. Taking a half-dose may provide adequate pain relief, while reducing the side effects. Do not cut pills that are not meant to be cut in half, as this may release the medication too quickly. * Some patients may only require narcotic pain medication at night, when they are trying to sleep, and may be able to tolerate the pain without narcotic pain medication during the day.   Nausea: You may have less nausea if you eat before you take the narcotic pain medication. If you have a medication for nausea, such as Zofran, it may help to take the anti-nausea medication 30 minutes before taking the narcotic pain medication.  Constipation: It may be helpful to begin taking a stool softener before constipation develops.  More serious, but less common, issues related to narcotic pain medications:  Narcotic pain medications have the potential to cause addiction. The risk of addiction is low when narcotics are taken for only a few days, but taking any amount of narcotics may increase the likelihood of addiction.  Narcotic pain medications have the potential to cause dependence, which means that you may develop unpleasant symptoms when you stop taking the medication. Usually these symptoms are mild and brief when you have only taken the narcotics for a few days, but the symptoms can be severe and prolonged if you take narcotics for a long time and then stop.  Narcotic pain medications have the potential to cause tolerance, which means that after taking narcotics for a while, you may require increasing doses in order to manage pain. Unfortunately, many of the side effects of narcotics worsen as you take larger doses, making it difficult to control your pain.  Taking too much narcotic pain medication can lead to an overdose. This is more common in patients who are addicted or who have developed a tolerance to the medications. A narcotic overdose may lead to difficulty awakening from sleep, a decrease in your desire to breath, and death. Narcotics are often combined with acetaminophen, which is the active ingredient in Tylenol. Acetaminophen overdose is also common in patients who take too much narcotic pain medications, which can lead to liver failure and death. If you are taking a narcotic that is combined with acetaminophen, such as Percocet, Vidocin, or Norco, you should not take additional Tylenol.  Long-term use of narcotics needs to be managed by a single provider, usually a patient's primary care provider. As a general policy, the providers at Boone Hospital Emergency Department do not refill narcotic prescriptions. |

&&& RICE discharge instructions

Apply ice to the injured area for no more than 20 minutes out of each hour.

Ibuprofen 400 mg every 6 hours as needed for pain.

Keep the injured area elevated as much as possible.

Rest the injured area.

&&& Scabies discharge instructions

* Apply Elimite cream from head to soles of feet and wash after 8 to 14 hours. Avoid getting the cream in your mouth, eyes or nose.
* Repeat application in 7 days

&&& Seizure, new, discharge instructions

**Summary of your evaluation and our discussion:**

* Your lab tests, which are included with this paperwork, \*\*\*
* Your symptoms, physical exam and testing are consistent with a seizure.
* Typically, seizure medications are not started until there is evidence that you are at high risk for future seizures. Usually, seizure medications are started after a second seizure or if your EEG is abnormal.
* In your case, seizure medications {Blank single:19197::"have been started because you have had more than one seizure", "have not been started at this time, but may be started later if you have another seizure or have an abnormal EEG."}
* An EEG is used to record brain waves to assess for signs of a seizure.
* According to Missouri state law, a person cannot drive after having a seizure until they have not had a seizure for 6 months.

**Recommendations:**

* Do not drive. According to Missouri state law, a person cannot drive after having a seizure until they have not had a seizure for 6 months. In addition, you should try to avoid other situations which could be dangerous if you were to have a seizure, such as:

- bathing,

- swimming alone,

- open boating,

- bicycling,

- working around open flames

- being in high places.

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| * Take Keppra 500 mg twice a day |

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| * Outpatient {Blank single:19197::"EEG and MRI of the brain","EEG"} |

* Follow-up with Neurology, Inc for further evaluation
* Return to the emergency department if your symptoms recur or new symptoms develop.

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| **Scheduling your outpatient {Blank single:19197::"EEG and MRI","EEG"}:**  To further evaluate your symptoms, an order has been written for you to have an {Blank single:19197::"EEG and MRI of the brain as outpatient tests","EEG as an outpatient test"} at Boone Hospital Center. This order will be entered into the hospital scheduling system within 1-2 business days.  The BHC Schedulers should contact you within 1-2 business days of receiving the order. If you have not heard from them in that amount of time, please feel free to call them at 573-815-8150 to schedule your test.  **Please note:** An order for a test does not guarantee that your health insurance will pay for the test. Certain procedures will need pre-certification and this can take up to 3 business days.  If you need any assistance, please email Nancy, our Administrative Coordinator at [nxw4597@bjc.org](../../../../../../Downloads/redir.aspx%3FREF=2X2EXR1y66UhH0TK6wvBZBOtmis0YXkte90Jdb9bzBpOhRAtMaDVCAFtYWlsdG86bnh3NDU5N0BiamMub3Jn) or you may call her at 573-815-3550. Email is the preferred contact method. |

* Percocet 1-2 tablets every 4 hours as needed for pain

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