

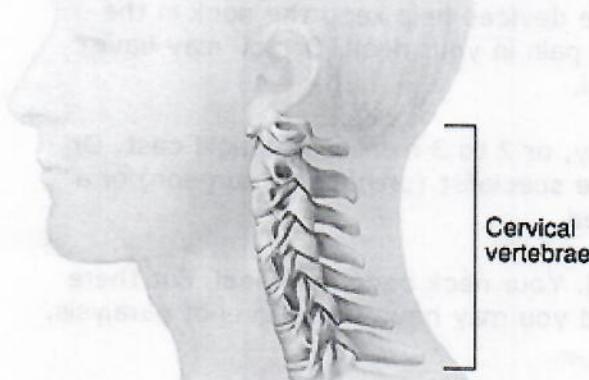


Patient: O'DELL,MARCUS
 Account No: W184763160
 Unit No: W02869893
 Location: DISCHARGE LOUNGE MED
 3
 Physician: Sippel,Michael R MD
 Date: 02/03/26

Understanding Neck Fracture (Cervical Fracture)

A neck fracture is a break (fracture) in one or more bones in the neck. The neck contains the seven bones (vertebrae) that make up the cervical part of the spine. These bones support the head and help protect the spinal cord.

A neck fracture may be a minor hairline crack, or it may be a major break. The condition can be very serious if the nerves or the spinal cord are also damaged. In some cases, this can lead to paralysis or death. Any neck fracture is considered a medical emergency and requires medical care right away. Here's a look at what to expect, from diagnosis to treatment and rehabilitation (rehab).



Diagnosing a neck fracture

In most cases, you will be taken to a hospital after a neck fracture has occurred. Your head and neck will be kept still (immobilized) in a neck collar to prevent any further injury. The health care provider will examine the affected area. They will ask how the injury occurred and ask about your symptoms. They'll also do a full neurological exam to see if any parts of the nervous system (the brain, spinal cord, and related nerves) are affected.

You may also have one or more of these imaging tests to find out how severe the injury is and if the spinal cord is affected:

- X-ray. This can show where the break is, and how severe it is.
- CT scan. This can show other problems not seen on the X-ray.
- MRI. This makes detailed images that can show if the spinal cord has been damaged.



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Hospital stay

For a minor fracture, you may not need to stay in the hospital. You may be given a neck brace or collar to keep your neck in position and be able to recover at home.

For more severe cases, people may require a hospital stay to monitor their condition or to have surgery. Some people may need to be treated in the intensive care unit (ICU).

A neck fracture can lead to respiratory problems and trouble breathing. Some people may need to use a machine (ventilator) to help them breathe. In severe cases, there may be lasting (permanent) damage or paralysis, even after the neck heals.

Treatment for a neck fracture

Treatment for a neck fracture will depend on where the fracture is located, how severe it is, and if there is short-term or permanent spinal cord damage. Treatment will include pain medicine.

A minor neck fracture that doesn't affect the spinal cord may be treated with a neck brace or collar for about 6 to 8 weeks until the bone heals. These devices help keep the neck in the correct position as it heals. You may have stiffness and pain in your neck. Or you may have muscle spasms in the nearby tissues that may be painful.

Severe or complex fractures often need traction, surgery, or 2 to 3 months in a rigid cast. Or there may be a combination of these treatments. A bone specialist (orthopedic surgeon) or a spine and nerve specialist (neurosurgeon) may be needed.

A severe neck fracture may also damage the spinal cord. Your neck bone may heal. But there may be permanent nerve damage to the spinal cord, and you may have some level of paralysis.

Care at home

After a minor neck fracture, you may be sent home from the hospital with a neck brace or a collar. It will take some time for your neck to heal. Follow any instructions your health care provider gives you. Here are some general tips to help care for yourself at home:

- If you were given a neck brace or collar, wear it as directed. Don't remove it unless you're told to do so.
- Follow any instructions your provider gives you for rest.
- Don't do any activities until your provider says it's okay.
- Take pain medicines as directed by your provider.
- Try using heat or ice if this helps with any discomfort:
 - Use a heating pad for 15 to 20 minutes every 2 to 3 hours. Or take a warm shower for one of those sessions instead.
 - Use an ice pack for 10 to 15 minutes every 2 to 3 hours. To make an ice pack, put ice cubes in a plastic bag that seals at the top. Wrap the bag in a clean, thin towel or cloth. Don't put ice or an ice pack directly on the skin.



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- Don't drive until your provider says that it's okay to do so.

Follow-up appointments

It's important to go to all of your follow-up appointments with your health care provider.

When to get medical care

Contact your health care provider right away if:

- Pain in your neck gets worse.
- Pain spreads from your neck into your shoulder or arms.

Call **911** or get medical care right away if you get new weakness or numbness in your arms, hands, or legs.

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Discharge Instructions for Concussion

You have been diagnosed with a concussion. This is a type of brain injury caused by a sudden impact to your head. It can also be caused by sudden movement of your brain inside your head, such as from forceful shaking. Some concussions are mild. But even mild concussions are serious and must be managed with care and appropriate medical follow-up. Most people recover completely from mild concussions. But recovery may take days, weeks, or months. For some, symptoms may last even longer. Early care and monitoring are important to prevent long-term complications.

Home care

Do's and don'ts:

- Ask a friend or family member to stay with you for a few days. You shouldn't be alone until you know how the injury has affected you.
- Get plenty of sleep. It is usually not necessary to have someone wake you up from sleep after a minor head injury. However, if your healthcare provider does recommend that you have someone wake you up every 2 to 3 hours, you should be able to know where you are when awakened.
- Ask your provider about safe over-the-counter medicines, such as ibuprofen and acetaminophen, to help with your symptoms.
- Don't drink alcohol or use any recreational drugs.
- Don't return to sports or any activity that could cause you to hit your head until all symptoms are gone and your provider says it's OK. A second head injury before full recovery from the first one can lead to serious brain injury.
- Don't do activities that need a lot of concentration or attention. This will allow your brain to rest and heal more quickly. Ask your provider for a letter if you need temporary accommodations at work.
- You may need to take a short time off from work or school, although usually no more than 2 to 3 days. Ask your provider when you can return to work or school. This depends on your symptoms and the type of work you do or school level.

The best way to recover is to discuss symptoms with your provider and your family. Work closely with your provider and give your brain time to heal.

Follow-up care

Follow up with your healthcare provider or as advised. Most concussion symptoms show up right after the injury, but some may not appear for hours or days. Don't hesitate to contact your provider if new symptoms develop or if you have follow-up questions.

Call 911

Your caregiver should call 911 if you have any of these symptoms:



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- Fall asleep and can't be woken up
- Confusion or disoriented
- Have a sudden and persistent change in your behavior
- Difficulty walking normally
- Slurred speech
- Can't move an arm, leg, or one side of your face
- Seizure, abnormal movements, or jerking you cannot control

When to call your healthcare provider

Call your healthcare provider right away if you have any of these symptoms:

- Vomits twice or continues to vomit 4 to 6 hours after the injury
- Weakness or numbness involving any part of the body
- Can't stop crying or looks sicker
- Clear or bloody drainage from your nose or ear
- Constant drowsiness or trouble waking up
- Memory loss
- Blurred vision
- Trouble concentrating
- Increased weakness or problems with coordination
- Constant headache that can't be relieved or gets worse
- Changes in behavior or personality
- Stiff neck

WebMD last reviewed this educational content on 8/1/2024

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Motor Vehicle Collision Injury, Adult

After a motor vehicle collision, it is common to have injuries to the head, face, arms, and body. These injuries may include:

- Cuts.
- Burns.
- Bruises.
- Sore muscles and muscle strains.
- Headaches.

You may have stiffness and soreness for the first several hours. You may feel worse after waking up the first morning after the collision. These injuries often feel worse for the first 24-48 hours. Your injuries should then begin to improve with each day. How quickly you improve often depends on:

- The severity of the collision.
- The number of injuries you have.
- The location and nature of the injuries.
- Whether you were wearing a seat belt and whether your airbag deployed.

A head injury may result in a concussion, which is a type of brain injury that can have serious effects. If you have a concussion, you should rest as told by your health care provider. You must be very careful to avoid having a second concussion.

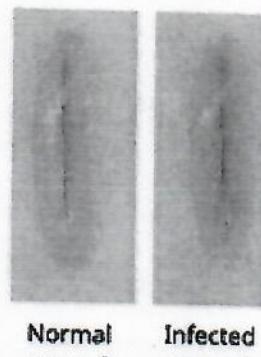
Follow these instructions at home:

Medicines

- Take over-the-counter and prescription medicines only as told by your health care provider.
- If you were prescribed antibiotic medicine, take or apply it as told by your health care provider. **Do not** stop using the antibiotic even if your condition improves.

If you have a wound or a burn:

- Clean your wound or burn as told by your health care provider.
 - Wash it with mild soap and water.
 - Rinse it with water to remove all soap.
 - Pat it dry with a clean towel. **Do not** rub it.
 - If you were told to put an ointment or cream on the wound, do so as told by your health care provider.
- Follow instructions from your health care provider about how to take care of your wound or burn. Make sure you:
 - Know when and how to change or remove your bandage (*dressing*). Always wash your hands with soap and water before and after you change your dressing. If soap and water are not available, use hand sanitizer.
 - Leave stitches (*sutures*), skin glue, or adhesive strips in place, if this applies.



Normal wound Infected wound



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These skin closures may need to stay in place for 2 weeks or longer. If adhesive strip edges start to loosen and curl up, you may trim the loose edges. **Do not** remove adhesive strips completely unless your health care provider tells you to do that.

- **Do not:**

- Scratch or pick at the wound or burn.
- Break any blisters you may have.
- Peel any skin.

- Avoid exposing your burn or wound to the sun.
- Raise (*elevate*) the wound or burn above the level of your heart while you are sitting or lying down. This will help reduce pain, pressure, and swelling. If you have a wound or burn on your face, you may want to sleep with your head elevated. You may do this by putting an extra pillow under your head.
- Check your wound or burn every day for signs of infection. Check for:
 - More redness, swelling, or pain.
 - More fluid or blood.
 - Warmth.
 - Pus or a bad smell.

Activity

- Rest. Rest helps your body to heal. Make sure you:
 - Get plenty of sleep at night. Avoid staying up late.
 - Keep the same bedtime hours on weekends and weekdays.
- Ask your health care provider if you have any lifting restrictions. Lifting can make neck or back pain worse.
- Ask your health care provider when you can drive, ride a bicycle, or use heavy machinery. Your ability to react may be slower if you injured your head. **Do not** do these activities if you are dizzy.
- If you are told to wear a brace on an injured arm, leg, or other part of your body, follow instructions from your health care provider about any activity restrictions related to driving, bathing, exercising, or working.



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General instructions

- If directed, put ice on the injured areas. This can help with pain and swelling.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 20 minutes, 2-3 times a day.
- Drink enough fluid to keep your urine pale yellow.
- **Do not** drink alcohol.
- Maintain good nutrition.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

- Your symptoms get worse.
- You have neck pain that gets worse or has not improved after 1 week.
- You have signs of infection in a wound or burn.
- You have a fever.
- You have any of the following symptoms for more than 2 weeks after your motor vehicle collision:
 - Lasting (*chronic*) headaches.
 - Dizziness or balance problems.
 - Nausea.
 - Vision problems.
 - Increased sensitivity to noise or light.
 - Depression or mood swings.
 - Anxiety or irritability.
 - Memory problems.
 - Trouble concentrating or paying attention.
 - Sleep problems.
 - Feeling tired all the time.

Get help right away if:

- You have:
 - Numbness, tingling, or weakness in your arms or legs.
 - Severe neck pain, especially tenderness in the middle of the back of your neck.
 - Changes in bowel or bladder control.
 - Increasing pain in any area of your body.
 - Swelling in any area of your body, especially your legs.
 - Shortness of breath or light-headedness.
 - Chest pain.
 - Blood in your urine, stool, or vomit.
 - Severe pain in your abdomen or your back.
 - Severe or worsening headaches.
 - Sudden vision loss or double vision.



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- Your eye suddenly becomes red.
- Your pupil is an odd shape or size.

Summary

- After a motor vehicle collision, it is common to have injuries to the head, face, arms, and body.
- Follow instructions from your health care provider about how to take care of a wound or burn.
- If directed, put ice on your injured areas.
- Contact a health care provider if your symptoms get worse.
- Keep all follow-up visits as told by your health care provider.

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

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Concussion, Adult

A concussion is a brain injury from a hard, direct hit (*trauma*) to the head or body. This direct hit causes the brain to shake quickly back and forth inside the skull. This can damage brain cells and cause chemical changes in the brain. A concussion may also be known as a mild traumatic brain injury (TBI).

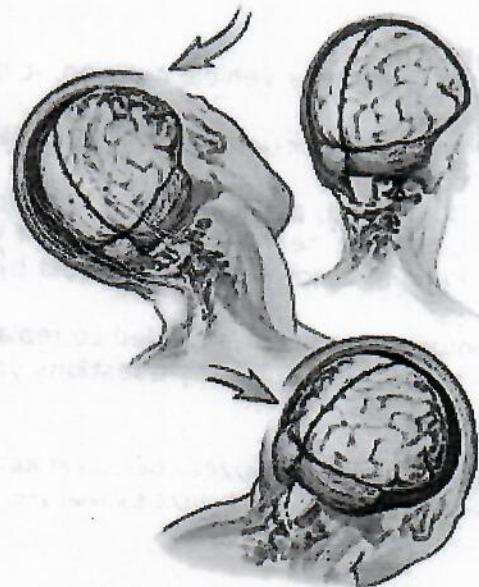
Concussions are usually not life-threatening, but the effects of a concussion can be serious. If you have a concussion, you should be very careful to avoid having a second concussion.

What are the causes?

This condition is caused by:

- A direct hit to your head, such as:
 - Running into another player during a game.
 - Being hit in a fight.
 - Hitting your head on a hard surface.

- Sudden movement of your body that causes your brain to move back and forth inside the skull, such as in a car crash.



What are the signs or symptoms?

The signs of a concussion can be hard to notice. Early on, they may be missed by you, family members, and health care providers. You may look fine on the outside but may act or feel differently.

Every head injury is different. Symptoms are usually temporary but may last for days, weeks, or even months. Some symptoms appear right away, but other symptoms may not show up for hours or days. If your symptoms last longer than normal, you may have post-concussion syndrome.

Physical symptoms

- Headaches.
- Dizziness and problems with coordination or balance.
- Sensitivity to light or noise.
- Nausea or vomiting.
- Tiredness (*fatigue*).
- Vision or hearing problems.
- Changes in eating or sleeping patterns.
- Seizure.

Mental and emotional symptoms

- Irritability or mood changes.



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- Memory problems.
- Trouble concentrating, organizing, or making decisions.
- Slowness in thinking, acting or reacting, speaking, or reading.
- Anxiety or depression.

How is this diagnosed?

This condition is diagnosed based on:

- Your symptoms.
- A description of your injury.

You may also have tests, including:

- Imaging tests, such as a CT scan or an MRI.
- Neuropsychological tests. These measure your thinking, understanding, learning, and remembering abilities.

How is this treated?

Treatment for this condition includes:

- Stopping sports or activity if you are injured. If you hit your head or show signs of concussion:
 - **Do not** return to sports or activities the same day.
 - Get checked by a health care provider before you return to your activities.
- Physical and mental rest and careful observation, usually at home. Gradually return to your normal activities.
- Medicines to help with symptoms such as headaches, nausea, or difficulty sleeping.
 - Avoid taking opioid pain medicine while recovering from a concussion.
- Avoiding alcohol and drugs. These may slow your recovery and can put you at risk of further injury.
- Referral to a concussion clinic or rehabilitation center.

Recovery from a concussion can take time. How fast you recover depends on many factors. Return to activities only when:

- Your symptoms are completely gone.
- Your health care provider says that it is safe.

Follow these instructions at home:

Activity

- Limit activities that require a lot of thought or concentration, such as:
 - Doing homework or job-related work.
 - Watching TV.
 - Working on the computer or phone.



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- Playing memory games and puzzles.
- Rest. Rest helps your brain heal. Make sure you:
 - Get plenty of sleep. Most adults should get 7-9 hours of sleep each night.
 - Rest during the day. Take naps or rest breaks when you feel tired.
- Avoid physical activity like exercise until your health care provider says it is safe. Stop any activity that worsens symptoms.
- **Do not** do high-risk activities that could cause a second concussion, such as riding a bike or playing sports.
- Ask your health care provider when you can return to your normal activities, such as school, work, athletics, and driving. Your ability to react may be slower after a brain injury. Never do these activities if you are dizzy. Your health care provider will likely give you a plan for gradually returning to activities.

General instructions

- Take over-the-counter and prescription medicines only as told by your health care provider. Some medicines, such as blood thinners (*anticoagulants*) and aspirin, may increase the risk for complications, such as bleeding.
- **Do not** drink alcohol until your health care provider says you can.
- Watch your symptoms and tell others around you to do the same. Complications sometimes occur after a concussion. Older adults with a brain injury may have a higher risk of serious complications.
- Tell your work manager, teachers, school nurse, school counselor, coach, or athletic trainer about your injury, symptoms, and restrictions.
- Keep all follow-up visits as told by your health care provider. This is important.



How is this prevented?

Avoiding another brain injury is very important. In rare cases, another injury can lead to permanent brain damage, brain swelling, or death. The risk of this is greatest during the first 7-10 days after a head injury. Avoid injuries by:

- Stopping activities that could lead to a second concussion, such as contact or recreational sports, until your health care provider says it is okay.
- Taking these actions once you have returned to sports or activities:
 - Avoiding plays or moves that can cause you to crash into another person. This is how most concussions occur.
 - Following the rules and being respectful of other players. **Do not** engage in violent or illegal plays.
- Getting regular exercise that includes strength and balance training.
- Wearing a properly fitting helmet during sports, biking, or other activities. Helmets can help protect you from serious skull and brain injuries, but they may not protect you from a concussion. Even when wearing a helmet, you should avoid being hit in the head.



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Contact a health care provider if:

- Your symptoms do not improve.
- You have new symptoms.
- You have another injury.

Get help right away if:

- You have new or worsening physical symptoms, such as:
 - A severe or worsening headache.
 - Weakness or numbness in any part of your body, slurred speech, vision changes, or confusion.
 - Your coordination gets worse.
 - Vomiting repeatedly.
 - You have a seizure.
 - You have unusual behavior changes.
 - You lose consciousness, are sleepier than normal, or are difficult to wake up.

These symptoms may represent a serious problem that is an emergency. Do not wait to see if the symptoms will go away. Get medical help right away. Call your local emergency services (911 in the U.S.). Do not drive yourself to the hospital.

Summary

- A concussion is a brain injury that results from a hard, direct hit (*trauma*) to your head or body.
- You may have imaging tests and neuropsychological tests to diagnose a concussion.
- Treatment for this condition includes physical and mental rest and careful observation.
- Ask your health care provider when you can return to your normal activities, such as school, work, athletics, and driving.
- Get help right away if you have a severe headache, weakness in any part of the body, seizures, behavior changes, changes in vision, or if you are confused or sleepier than normal.

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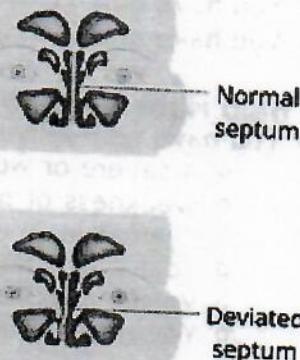


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Deviated Septum

The septum is the wall of firm tissue (*cartilage*) inside your nose that separates the hollow space (*nasal cavity*) between your nostrils. Normally, the septum is straight. It divides the nasal cavity into two parts. A deviated septum means this wall is not centered in the middle of the nasal cavity.

A deviated septum can lead to stuffiness and other problems with the flow of air through your nose. It can also block your sinuses and prevent them from draining properly. Although rare, this can lead to repeated (*chronic*) sinus infections. Often, one side of the nose is affected more than the other.



What are the causes?

This condition may be caused by an injury to the face or nose, or a person may be born with the condition (*congenital defect*).

What increases the risk?

You are more likely to develop this condition if you participate in contact sports.

What are the signs or symptoms?

A mildly deviated septum may not cause any symptoms. You may notice stuffiness and congestion only when you have a cold.

Common symptoms of a more serious deviated septum include:

- Difficulty breathing through the nose.
- Blockage in one or both sides of the nose.
- Constant nasal congestion or stuffy nose.
- Frequent nosebleeds.
- Headache or facial pain.
- Excess mucus at the back of the throat or nose (*postnasal drip*).
- Noisy breathing while sleeping.

How is this diagnosed?

This condition may be diagnosed based on:

- Your symptoms and a description of an injury.
- A physical exam of the outside and inside of your nose. Your health care provider may use an instrument to widen your nostril (*nasal speculum*) and a bright light to check the inside of your nose.

You may be referred to a health care provider who specializes in ear, nose, and throat disorders (*otolaryngologist*, or ENT) for more tests and treatment.

How is this treated?

If your deviated septum is mild, you may not need treatment. However, you may need



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treatment:

- If you develop nasal congestion. Your health care provider may recommend decongestant, antihistamine, or topical steroid medicines.
- If the deviated septum leads to a sinus infection. You may be prescribed an antibiotic medicine to treat the infection.
- If you develop frequent sinus infections, which is uncommon, or have trouble breathing through your nose after using recommended medicines. You may need surgery to correct the deviated septum (*septoplasty*). Depending on the cause of your deviated septum, the procedure may be combined with sinus surgery or surgery to change the shape of your nose (*rhinoplasty*).

Follow these instructions at home:

- Take over-the-counter and prescription medicines only as told by your health care provider.
- If you were prescribed an antibiotic, take it as told by your health care provider. **Do not** stop using the antibiotic even if you start to feel better.
- Perform nasal saline rinses, if told to do so by your health care provider.
- If you have trouble breathing through your nose at night, talk with your health care provider about ways to treat this.

Contact a health care provider if:

- You have a painful sinus infection or a fever.
- You have sniffling, sneezing, or congestion that gets worse.
- You have changes in your vision.
- You have a severe headache that does not get better with treatment.
- You have symptoms that remain or get worse after treatment with antibiotics.
- You snore or sleep poorly.
- You have trouble breathing through your nose at night.

Get help right away if:

- You have a nosebleed that does not stop after pressure has been applied for 10 minutes.

Summary

- Having a deviated septum means that the wall that separates your nostrils is not centered and straight.
- A deviated septum can lead to stuffiness and other problems with the flow of air through your nose.
- A deviated septum may be caused by an injury to the face or nose, or a person may be born with the condition (*congenital defect*).
- If you develop chronic nasal congestion and stuffiness, or get frequent sinus infections due to a deviated septum, you may need to see a health care provider who specializes in ear, nose, and throat disorders (*otolaryngologist*, or ENT) for more tests and treatment.

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



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PATIENT PORTAL

To access your medical records from your hospital visit, please visit our Patient Portal at: WWW.MyHealthOne.com and create an account.

Suicide Prevention

If you or someone you know is struggling, experiencing a crisis, or having difficulty coping with life events, help is available.

You can call or text 988, or chat online at 988lifeline.org.

The National Suicide Prevention Lifeline is available 24/7 by calling 988. Support is offered in English, Spanish, and over 250 additional languages.

If you are deaf, hard of hearing, or blind, dial 711, then 1-800-273-8255 to access TTY services.

Local Suicide Hotline - Center for Health Care Services:
(210) 223-7233 (SAFE)
1-800-316-9241