

**Demonstration Medical Center
Emergency Department Discharge Instructions**

Patient: **Jones, Allison**

Sex: **F**

Age: **36Y**

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Care Instruction # 1: COSTOCHONDRITIS

EXPLANATION: The doctor thinks that your pain results from strain in the joints, ligaments or muscles in your chest. There does not appear to be a problem with your heart or lungs at this time.

HOME CARE INSTRUCTIONS:

- Put heat on the area if painful.
- DO NOT lift heavy objects.
- STOP any activities that cause or increase your symptoms.

WARNING SIGNS: Call your doctor or return to emergency if you have any:

- Pain more and more often or severe pain.
- Pain in your arm, neck or jaw.
- Trouble breathing, shortness of breath or throat tightness.
- Lightheadedness or fainting, increasing weakness or fatigue.
- Severe or faster and faster heart beats.
- Nausea or vomiting.
- Fever, chills, sweats (hot or cold), or coughing.

NATURAL COURSE: Your symptoms should begin to get better in 5-7 days. If they do not, contact your doctor or return to emergency.

Medical Diagnosis: COSTOCHONDRITIS ICD-9: 733.99

Index: 34790 36780

Medications Instruction # 1: NAPROXEN

PURPOSE: Used to reduce swelling, relieve pain.

SIDE EFFECTS: May cause stomach upset, constipation, diarrhea.

DANGER SIGNS: Difficulty breathing, rash, abdominal pain, rectal bleeding.

Contains aspirin-like substance.

Medication Name: NAPROXEN

Index: 0 37046

Follow Up Appointment: Call if your condition does not improve.

With: Jones, James MD
101 SE 45th Street
Seattle, WA 98005
for: COSTOCHONDRITIS

Phone: 123-456-7890

It is YOUR RESPONSIBILITY to make an appointment for follow up care. If you have any questions or problems, call your PERSONAL PHYSICIAN or your FOLLOW UP PHYSICIAN. If you cannot see your physician, call or return to the Emergency Department. **DO NOT LET ANYONE ELSE USE YOUR MEDICATIONS!**

I have read and understand the above information.

Witness

Patient: **Jones, Allison**
Treating Phys: **Buchanan, Elsa**

Visit Number: **7**
Date: **02/04/2002** Time: **11:56**

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Work Excuse

The Patient was evaluated on 01/16/2002 and has been unable to work since 01/16/2002.

The Patient should be able to return to work 2 dyas from today on 01/18/2002.

Conditions for return to work:

- No strenuous activity.

Attending Physician: _____
Buchanan, Elsa

Patient: **Jones, Allison**
Treating Phys: **Buchanan, Elsa**

Visit Number: **7**
Date: **02/04/2002** Time: **11:56**