



Emergency Department
800 Meadows Road
Boca Raton, FL 33486
(561) 955-4425

Patient: Bernstein, Eliot
Pt Acct: 1729001305
Med Rcd: 000446213
DI Printed: 10/17/2017 1934

Patient: Bernstein, Eliot
MD ED: Fontana, Peter M.D.

DI Printed: 10/17/2017 1934
RN Eval: Erica R.N.
RN Dispo: _____

AFTERCARE INSTRUCTIONS

We are pleased to have been able to provide you with emergency care. Please review these instructions when you return home in order to better understand your diagnosis and the necessary further treatment and precautions related to your condition. Your diagnoses and prescribed medications today are:

_____ This page is not a prescription. _____

- Dx 1: Cellulitis L lower limb
- Dx 2: Sprain L ankle, unspecified ligament
- Dx 3: Fx L foot 5th metatarsal nondisplaced, closed
- Rx 1: Norco Tablets 325mg,5mg (acetaminophen,hydrocodone)
_____ 1 tablet by mouth every 6 hrs as needed for pain (max 4 tablets per day)
- Rx 2: Bactrim DS Tablets (sulfamethoxazole,trimethoprim) 800mg,160mg
160mg/tablet
1 tablet by mouth every 12 hrs for 10 days
- Rx 3: Keflex Capsules (cephalexin)
500mg/capsule
1 capsule by mouth every 8 hrs for 10 days

Orders performed during ED visit

Order
XR ANKLE LEFT
XR FOOT LEFT
XR FOOT RIGHT
US LE VEN DUPLEX DVT LEFT

Procedures performed during ED visit

Procedure

Follow Up Info

Follow-up 1: Alvarez, Luis A M.D.
19801 Hampton Dr #C1-2
Boca Raton Fl 33434

F/U MD Ph: (561)477-2862
F/U MD Fax: 561-477-2864

Specialty: _____

Follow-up 1 Date: 2-3 Days

Msg F/U MD: _____

Follow-up 2: Saperstein, Alan L M.D.
1905 Clint Moore Rd #214
Boca Raton Fl 33496

F/U 2 MD Ph: (561)241-8668
F/U 2 MD Fax: 561-912-9556

Specialty: _____

Follow-up 2 Date: 5 Days

EKGs and X-Rays: If you had an EKG or X-Ray today, it will be formally reviewed by a specialist tomorrow. If there is any change from today's Emergency Department reading, you will be notified.

IMPORTANT NOTICE TO ALL PATIENTS: The examination and treatment you have received in our Emergency Department

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have been rendered on an emergency basis only and will not substitute for definitive and ongoing evaluation and medical care. If you have an assigned physician, or physician of record, it is essential that you make arrangements for follow-up care with that physician as instructed. If you do not currently have a physician locally, please contact our Health Navigator at 561-955-4714 and they will assist you with scheduling an appointment. Report any new or remaining problems to your physician at your scheduled appointment, because it is impossible to recognize and treat all elements of injury or disease in a single Emergency Department visit. *Significant changes or worsening in your condition may require more immediate attention. The Emergency Department is always open and available if this becomes necessary.*

General Information on CELLULITIS (skin infection)

Cellulitis is a particular type of skin infection. It results from the growth of small germs underneath the skin. Cellulitis sometimes develops around cuts, burns or scrapes, but often it develops for no apparent reason in normal, uninjured skin.

What are the symptoms?

Any area of skin can develop cellulitis. The infected area is usually red, warm, swollen and tender. It usually measures less than five inches across, but it can grow to be quite large. In addition, cellulitis sometimes produces a fever.

What can be done?

The bacteria that cause cellulitis can usually be destroyed with antibiotic medication. When treated with antibiotics, most cases of cellulitis get better over two to three days.

What are the risks?

Cellulitis does not ordinarily produce any serious medical problems. There are, however, some risks:

1. Occasionally, cellulitis produces a small pocket of pus under the skin. This problem usually requires minor surgery.
2. Sometimes cellulitis continues to get worse in spite of the antibiotics. This can be serious.
3. Occasionally, cellulitis germs spread through the blood and produce infections in other parts of the body (brain, bones or heart). This is of particular concern when dealing with cellulitis of the face.
4. Patients with other illnesses such as diabetes, poor circulation, or weak immune systems will have an increased risk of developing a serious infection.

INSTRUCTIONS

- 1) Rest.
- 2) Apply warm packs to the infected area, for 15 to 20 minutes, three to four times a day. This may help speed the healing process.
- 3) Keep the infected area elevated to help reduce swelling.
- 4) Make sure to take all medication as prescribed, even if you are feeling better. If you stop taking the antibiotic medication early, you will be more likely to get the infection back again.
- 5) If you are not allergic to them, you may take aspirin, acetaminophen (Tylenol) or ibuprofen (Advil) to help ease the pain.

WARNING: DO NOT GIVE ASPIRIN TO ANYONE LESS THAN 18 YEARS OLD.

- 6) **SEEK IMMEDIATE MEDICAL ATTENTION** if you develop any signs of worsening infection, such as:
 - A) increased pain, redness or swelling,
 - B) a high fever or
 - C) red streaks on the skin near the area of cellulitis.
 - D) Condition worsens in any other way.

Be extra careful with small children; also look for poor feeding, vomiting, increased fussiness, unusual sleepiness, difficulty breathing, a stiff neck, or decreased urination.

General Information on a SPRAINED ANKLE

The ankle joint is made up of three bones held together by several strong bands, called ligaments. If the ankle is forcefully bent, hit or twisted, one or more of these ligaments may be damaged, resulting in a "sprained ankle". Most of the time this results from sports injuries, falls or motor vehicle accidents. Depending on the circumstances, the ligaments may be only slightly damaged, or they may be completely torn in half.

What are the symptoms?

A sprained ankle produces pain that gets worse with any movement of the foot. In addition, there may be some swelling or

discoloration of the skin around the ankle.

What are the risks?

Ordinarily a sprained ankle heals within 2 to 3 weeks and does not produce any serious medical problems. There are, however, some risks:

1. Severe sprains can take months to heal.
2. If the skin has been cut or scraped, it may get infected.
3. A badly sprained ankle sometimes develops severe swelling that can cut off the circulation to the foot.
4. A badly sprained ankle can lead to persistent ankle pain that lasts for months or even years.

INSTRUCTIONS

- 1) REST the ankle and give it time to heal. If necessary, use an Ace wrap and/or crutches. When the ankle is no longer painful, gradually start using the leg again, but be careful. If you put too much stress on the ankle too quickly, you could re-injure it. Remember: If it hurts to move the ankle, then you should not be moving it. If a soft cast (Jones Dressing) has been applied, it should be removed after 3 days.
- 2) If you have an Ace wrap that feels too tight, loosen it.
- 3) Keep the ankle elevated as much as possible for the first two to three days. This will help keep the swelling down.
- 4) Ice packs are helpful during the first two days. Put the ice in a plastic bag. Roll up the bag in a towel and put it on the ankle for 5 to 15 minutes at a time.
- 5) After the first two days, warm packs may help ease the pain and speed healing. Roll up a small towel. Soak it in warm water and put it on the ankle for 5 to 15 minutes at a time.
- 6) No medicine will relieve the pain completely, but ibuprofen (Advil), acetaminophen (Tylenol) or aspirin may help.
WARNING: Do not take these drugs if you are allergic to them or have any contraindications to them. Do not take these drugs if you are already taking a prescription pain medication. DON'T GIVE ASPIRIN TO ANYONE LESS THAN 18 YEARS OLD.
- 7) SEEK IMMEDIATE MEDICAL ATTENTION if:
 - A) you develop severe pain, severe swelling, numbness, tingling, weakness or discoloration in the leg, ankle or foot OR
 - B) you develop chest pain, difficulty breathing or pass out.

General Information on a BROKEN FOOT

There are 26 bones in each foot (including the toes). If the foot is forcefully bent, hit or twisted, one or more of these bones may crack, resulting in a "broken foot". Most of the time this results from sports injuries, falls or motor vehicle accidents. Medically speaking, the words "broken", "cracked" and "fractured" all mean the same thing.

What are the symptoms?

A broken foot is usually painful and swollen in the area of the cracked bone. Any movement of the foot usually makes the pain worse.

What can be done?

The best form of treatment depends on how serious the injury is. Relatively mild breaks are usually splinted for one to three days and then put in a cast for three to six weeks. If the broken bone is bent out of shape, it may need to be put back into position before it is splinted. If the bone is badly broken, it may need special treatment, or even surgery.

What are the risks?

Ordinarily, a broken foot heals in 4 to 8 weeks and does not produce any serious medical problems. There are, however, some risks:

1. If the skin has been cut or scraped, it may get infected.
2. A BADLY broken foot may also have injured nerves, tendons or blood vessels.
3. On rare occasions, severe swelling can cut off the circulation to the foot or toes.
4. Occasionally a broken foot does not heal properly, resulting in persistent pain or weakness.

INSTRUCTIONS

- 1) Take proper care of your splint (or cast).
 - A) Keep it dry. Don't take a shower until the splint (or cast) has been removed. Take a sponge bath instead.
 - B) Be careful not to break the splint (or cast).