BRIGHAM AND WOMEN'S HOSPITAL

A Teaching Affiliate of Harvard Medical School 75 Francis Street, Boston, Massachusetts 02115

DISCHARGE INSTRUCTIONS

ASHBURN, TRENTON M31 Room: 7A-112 Service: BTS

Reason for Hospitalization: R clavicle fracture, R scappular fracture, R 3th-7th rib fract Admission Date: 05/19/09 Discharge Date: 05/29/09

Discharge Home

Address: 26 UPLAND ROAD APT 2 CAMBRIDGE, MA 02140

Condition at Discharge: Stable

Weight: Respirations:18 Blood Pressure:116/56 Temperature: 96.3 Pulse:59

CARE PLAN

ACTIVITY: sling for your comfort

Call your doctor if: Temperature higher than 100.5, Draining Wound, Chest pain; Shortness of Breath; Palpitations, Any signs of infection, redness, swelling, tenderness,

Tel.#

Nausea, Vomiting,

Follow-up appointment(s):

 GATES, JONATHAN D., M.D., General Surgery Addr: 75 FRANCIS STREET BOSTON, MA 617-732-7715 Patient should schedule the appointment and be seen within: 1 week Reasons for Seeing/Tasks to be Accomplished at Visit: follow up

2. MARTIN, SCOTT D., M.D., General Surgery
Addr: 75 FRANCIS STREET BOSTON, MA 617-732-8138
Patient should schedule the appointment and be seen within: 2 weeks
Reasons for Seeing/Tasks to be Accomplished at Visit: follow up

Return to Work: After Appt with local physician

DIET: No Restrictions

EQUIPMENT:

INSTRUCTIONS:

-Please do not drive while taking narcotics.

-Please follow up with primary care provider concerning hospitalization.
-Please resume all home medications unless instructed otherwise.

-Please return to the ED if develope worsening shortness of breath. Please follow-up with Dr Scott Marting on Wed, 05/27 at 9:45am at 850

Boylston St, Suite 130 in Chestnut Hill. Smoking cessation interventon: N/A: nonsmoker>12 months

ALLERGIES:

Information on Medications Attached

COLACE by mouth 100 MG twice a day

IBUPROFEN by mouth 600 MG Every 6hours Food/Drug Interaction Instruction Take with food

TYLENOL by mouth 650 MG Every 4hours As Needed For Headache

OXYCODONE by mouth 5-10 MG Every 4hours As Needed For Pain

HOME CARE PROVIDER

Not Applicable

A Teaching Affiliate of Harvard Medical School 75 Francis Street, Boston, Massachusetts 02115

DISCHARGE INSTRUCTIONS

ASHBURN, TRENTON M31 Room: 7A-112 Service: BTS

HEALTH CARE PROVIDER

Attending:

Hospital Location GATES, JONATHAN D., M.D.

Tel.#

Resident: RN:

Tel#. 617-617-732-4910

Physical Therapist: Social Worker:

Other:

Quit Smoking Advice: At BWH, we care about you. Stopping smoking is the most important thing you can do to improve your health. If you, a family member, or a friend smokes or uses tobacco, please consider joining a quit smoking program and/or using nicotine replacement products or medications to help you quit. If you have quit smoking or using tobacco in the last 12 months, let us help you stay quit.

For help contact:

Your primary care physician
Brigham and Women's Quit Smoking Program (617)732-8983
Massachusetts Quit line 1-800-TRY-TO-STOP or www.trytostop.org
1-800-8DEJAO en Espanol / Em Portuges
1-800-TDD-1477 Hearing Impaired

Daily Weight Monitoring: For some conditions (such as heart failure) you will need to weigh yourself every day at the same time, on the same scale and after you empty your bladder. A daily written log of your weights is a good way to keep track. If you have an increase of 3 pounds in 2 days or 5 pounds in one week you should contact your health care provider. You will receive more detailed information with your discharge packet if you are known to have heart failure.

The discharge planning requirements of the federal Medicare law require us to provide you with a list of Medicare-certified home health agencies (HHA's) that serve your geographical area.

This means you have a <u>right to choose</u> any home health agencythat requested that we list them. Furthermore, we cannot specify or limit the HHA from which you receive your follow-up care.

Patients are informed of the following:

Partners Homecare Inc.: Partners Hospice, TLC Nursing, Golden Care a division of TLC, Affiliated Community Visiting Nurse Association, MGH/Spaulding Home Health Agency, Newton Wellesley Home Health Services and Visiting Nurse Association of Greater Salem are a corporation within the Partners HealthCare System.

The above material has been reviewed with me, my questions have been answered and I understand the contents. I have received a copy of the home health care agency list and have been given, without specification or limitation, the opportunity to review it.

I understand and have been told about any financial interests that the hospital may have with the agency I have chosen to provide my care.

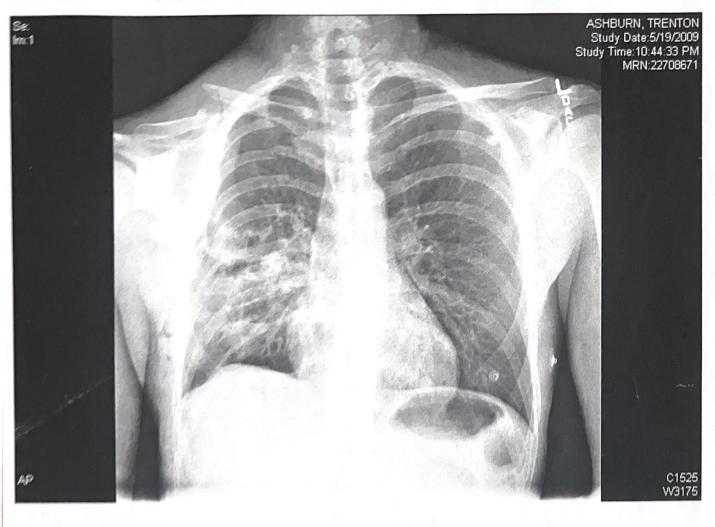
| Date | Interpreter Signature if needed | Witness | - RM |
|------|---------------------------------|---------|------|
| | | | |
| | | Patient | |
| | | | |

Printed: 04:49 PM 05/29/09 by AUSTIN, HEATHER

Patient Demographics

Sex: M

Patient Name: ASHBURN, TRENTON (ID 22708671)
Study Description: CHEST PA & LAT (ID)
Sirth date: 4/29/1978 Examination Date: 5 Examination Date: 5/19/2009



ASHBURN, TRENTON Study Date:5/22/2009 Study Time:10:47:19 AM MRN:22708671 三 Patient Name: ASHBURN, TRENTON (ID 22708671) Sex: Study Description: RIGHT SHOULDER 2 VIEW (ID 9785241) Birth date: 4/29/1978 Examination Date: 5/22/2009 0 CA. Se:79739 Im:1 Œ

Sex: M

Patient Demographics



Sex: M