

Continuity of Care Document

Summarization of Episode Note | 11/4/2023 to 11/4/2023

Source: Northwest Health - Porter

Created: 05/21/2024

Demographics

Contact Information:

1559 BYFIELD PKWY, VALPARAISO, IN 46385, USA

Tel: (219)406-7114 (Primary Home)

Previous Address(es):

--

Marital Status: Single

Religion: None/No Preference

Race: White

Previous Name(s): --

Ethnic Group: Not Hispanic or Latino

Language: --

ID: URN:CERNER:IDENTITY-FEDERATION:REALM:082FE843-D2E4-4F68-96C9-531186C7D48D-CH:PRINCIPAL:D1CB22E4-2FB3-4F35-90C9-5B571DAD8615, 476197, 34352175

Care Team

| Type | Name | Represented Organization | Address | Phone |
|------------------------|--------------|--------------------------|--|---------------------------|
| primary care physician | PI, RUOLAN L | -- | (Work): 2421 LAPORTE AVENUE, VALPARAISO, IN 46383- , USA | Tel: (219)462-4167 (Work) |

Relationships

No Data to Display

Document Details

Source Contact Info

85 East US Highway 6, Valparaiso, IN 46383- , USA

Tel: (219)983-8300

Author Contact Info

05/21/2024 2:00 PM

Northwest Health - Porter

Recipient Contact Info

--

Healthcare Professionals

No Data to Display

IDs & Code Type Data

Document Type ID: 2.16.840.1.113883.1.3 : POCD_HD000040

Document Template ID: 2.16.840.1.113883.10.20.22.1.1 : --, 2.16.840.1.113883.10.20.22.1.1 : 2015-08-01, 2.16.840.1.113883.10.20.22.1.2 : 2015-08-01

Document ID: 2.16.840.1.113883.3.4862.999362 : 167607554

Document Type Code: 2.16.840.1.113883.6.1, 34133-9

Document Language Code: en-US

Primary Encounter

Encounter Information

Registration Date: 11/4/2023
Discharge Date: 11/4/2023
Visit ID: --

Location Information

INP Emergency Department
(Work): 85 East US Highway 6, Valparaiso, IN 46383- , USA

Providers

| Type | Name | Address | Phone |
|-----------|--------------------|---|---------------------------|
| Admitting | RAO, VISHNUVARDHAN | (Work): 85 East US Highway 6, Valparaiso, IN 46383- , USA | Tel: (219)465-4700 (Work) |
| Attending | RAO, VISHNUVARDHAN | (Work): 85 East US Highway 6, Valparaiso, IN 46383- , USA | Tel: (219)465-4700 (Work) |

Encounter

INP_FIN_(Porter) 8248882 Date(s): 11/4/23 - 11/4/23

Northwest Health - Porter 85 East US Highway 6 Valparaiso, IN 46383- US (219) 983-8311

Encounter Diagnosis

Head injury (Discharge Diagnosis) - 11/4/23

Foreign body in skin of forehead (Discharge Diagnosis) - 11/4/23

MVC (motor vehicle collision) (Discharge Diagnosis) - 11/4/23

Leg laceration (Discharge Diagnosis) - 11/4/23

Superficial foreign body of other part of head, initial encounter (Final) - 11/8/23

Laceration without foreign body, left lower leg, initial encounter (Final) - 11/8/23

Person injured in unspecified motor-vehicle accident, traffic, initial encounter (Final) - 11/8/23

Unspecified street and highway as the place of occurrence of the external cause(Final) - 11/8/23

Discharge Disposition: DISCHARGED HOME/SELF CARE

Attending Physician: RAO, VISHNUVARDHAN DO

Admitting Physician: RAO, VISHNUVARDHAN DO

Author: Northwest Health - Porter

Last Modified: 12/5/2023 1:16 AM

Reason for Visit

Z04.1

Allergies, Adverse Reactions, Alerts

No Known Allergies

Author: OKelley, Ariel, Northwest Health - Porter

Last Modified: 11/4/2023 4:56 PM

Assessment and Plan

No data available for this section

Immunizations

No data available for this section

Medications

| | | |
|--|--|--|
| amoxicillin-clavulanate (Augmentin 875 mg-125 mg oral tablet) Status: Completed Start Date: 11/4/23 Stop Date: 11/14/23 1 Tab(s) Oral every 12 hours for 10 Days. Refills: 0. Ordering provider: RAO, VISHNUVARDHAN DO | CVS 16630 IN TARGET 2420 Laporte Ave Valparaiso, IN 463836914 | |
|--|--|--|

Problem List

No data available for this section

Procedures

No data available for this section

Results

11/4/23:

| Test | Result | Reference Range | Specimen Source | Laboratory | Author | Last Modified |
|-----------------------------|------------|-----------------|-----------------|------------|---|-------------------|
| POC HCG Internal QC 1 | Pass | | | | OKelley, Ariel Northwest Health - Porter | 11/4/2023 4:59 PM |
| POC HCG Internal QC 2 | Pass | | | | OKelley, Ariel Northwest Health - Porter | 11/4/2023 4:59 PM |
| POC HCG Kit Expiration Date | 2024/07/31 | | | | OKelley, Ariel Northwest Health - Porter | 11/4/2023 4:59 PM |
| POC HCG Kit Lot # | hcg1082069 | | | | OKelley, Ariel Northwest Health - Porter | 11/4/2023 4:59 PM |
| POC HCG Patient Test Result | Negative | | | | OKelley, Ariel Northwest Health - Porter | 11/4/2023 4:59 PM |

Radiology Reports

| Exam Date Time | Procedure | Performing Provider | Status | | |
|------------------|-------------------------|--|-----------------|--|--|
| 11/4/23 12:42 PM | XR Tibia Fibula Left DR | Mc Hargue, Jennifer K Rad Techno li; | Auth (Verified) | | |

Notes:

(XR Tibia Fibula Left DR) Reason For Exam: Injury, knee and below

===== REPORT=====

PROCEDURE: LEFT LOWER LEG, 2 VIEWS

HISTORY: ATV ACCIDENT.

FINDINGS: Two views were obtained. There are a number of embedded opaque foreign bodies in the soft tissues of the distal leg medially and anteriorly. There is no visible fracture.

IMPRESSION:NUMEROUS SMALL OPAQUE FOREIGN BODIES IN THE ANTERIOR MEDIAL SOFT TISSUES OF THE LEFT LOWER LEG

Dictated by: Steven Hossler, MD

***** Final *****

Signed by: HOSSLER, STEVEN L MD
Signed (Electronic Signature): 11/04/2023 12:51 pm CDT
Author: OKelley, Ariel, Northwest Health - Porter
Last Modified: 11/4/2023 4:59 PM

Author: HOSSLER, STEVEN L, Northwest Health - Porter
Last Modified: 11/4/2023 5:51 PM

| Exam Date Time | Procedure | Performing Provider | Status | | |
|------------------|-------------------------|---|-----------------|--|--|
| 11/4/23 12:13 PM | CT Spine Cervical WO | Pisowicz, Cassandra R Ct Techno li; | Auth (Verified) | | |

Notes:

(CT Spine Cervical WO) Reason For Exam: Trauma, Head;Other (please specify)

===== REPORT=====

PROCEDURE: CT CERVICAL SPINE WITHOUT CONTRAST

HISTORY: ATV ACCIDENT. WEARING HELMET. STRUCK TREE. SMALL TREE BRANCH
EMBEDDED IN FOREHEAD. HEAD/NECK INJURY

COMPARISON: No comparison available.

TECHNIQUE: Axial, sagittal, and coronal sections through the cervical spine were obtained.

Dose reduction techniques were used including automatic exposure control and iterative
reconstruction.

FINDINGS: There is no fracture, vertebral malalignment, or prevertebral soft tissue swelling.

IMPRESSION: NORMAL COMPUTED TOMOGRAPHY OF THE CERVICAL SPINE.

Dictated by: Steven Hossler, MD

***** Final *****

Signed by: HOSSLER, STEVEN L MD
Signed (Electronic Signature): 11/04/2023 12:26 pm CDT
Author: OKelley, Ariel, Northwest Health - Porter
Last Modified: 11/4/2023 4:59 PM

Author: HOSSLER, STEVEN L, Northwest Health - Porter
Last Modified: 11/4/2023 5:26 PM

| Exam Date Time | Procedure | Performing Provider | Status | | |
|------------------|------------------------|---|-----------------|--|--|
| 11/4/23 12:13 PM | CT Head or Brain WO | Pisowicz, Cassandra R Ct Techno li; | Auth (Verified) | | |

Notes:

(CT Head or Brain WO) Reason For Exam: Trauma, Head;Other (please specify)

===== REPORT=====

PROCEDURE: CT HEAD WITHOUT CONTRAST

HISTORY: ATV ACCIDENT. WEARING HELMET. STRUCK TREE. SMALL TREE BRANCH EMBEDDED IN FOREHEAD. HEAD/NECK INJURY

COMPARISON: No comparison available.

TECHNIQUE: Axial sections through the brain were obtained from base of the skull to the vertex without the intravenous administration of contrast.

Dose reduction techniques were used including automatic exposure control and iterative reconstruction.

FINDINGS: There is a small segment of a reported tree branch/twig embedded in the left paramidline frontal scalp which reaches the skull, but does not penetrate the skull and is not associated with a skull fracture.

Evaluation of the posterior fossa reveals the fourth ventricle to the midline, normal in size and shape.

Evaluation of the supratentorial brain reveals normal ventricles and sulci for the patient's age. There is no evidence of abnormal mass or extraaxial fluid collection.

There is no evidence of midline shift or mass effect. There is no evidence of abnormal density to suggest hemorrhage or territorial infarct.

IMPRESSION: NORMAL CT OF THE BRAIN.

PENETRATING FOREIGN BODY IN THE LEFT PARAMIDLINE FRONTAL SCALP AS DESCRIBED.

Dictated by: Steven Hossler, MD

***** Final *****

Signed by: HOSSLER, STEVEN L MD

Signed (Electronic Signature): 11/04/2023 12:24 pm CDT

Author: OKelley, Ariel, Northwest Health - Porter

Last Modified: 11/4/2023 4:59 PM

Author: HOSSLER, STEVEN L, Northwest Health - Porter

Last Modified: 11/4/2023 5:24 PM

Vital Signs

11/4/23

| | | | | |
|---------------------------------|---|--|--|-------------------|
| Patient Height | 160.02 cm | | OKelley, Ariel Northwest Health - Porter | 11/4/2023 4:58 PM |
| Patient Weight (kg) | 49.895 kg | | OKelley, Ariel Northwest Health - Porter | 11/4/2023 4:58 PM |
| Blood Pressure | 126/76 mmHg (Normal is 69-141/59-81 mmHg) | | Loeffler, Paige Elizabet Northwest Health - Porter | 11/4/2023 8:12 PM |
| Mean Arterial Pressure, Cuff | 93 mmHg | | Loeffler, Paige Elizabet Northwest Health - Porter | 11/4/2023 8:12 PM |
| SpO2 | 98 % | | Loeffler, Paige Elizabet Northwest Health - Porter | 11/4/2023 8:12 PM |
| Apical Heart Rate | 110 bpm*HI* (Normal is 59-101 bpm) | | Loeffler, Paige Elizabet Northwest Health - Porter | 11/4/2023 5:23 PM |
| Peripheral Pulse Rate | 107 bpm*HI* (Normal is 55-90 bpm) | | Loeffler, Paige Elizabet Northwest Health - Porter | 11/4/2023 8:04 PM |
| Heart Rate Monitored | 100 bpm*HI* (Normal is 55-90 bpm) | | Loeffler, Paige Elizabet Northwest Health - Porter | 11/4/2023 8:12 PM |
| Respiratory Rate | 16 br/min (Normal is 10-21 br/min) | | Loeffler, Paige Elizabet Northwest Health - Porter | 11/4/2023 8:12 PM |
| Percent Height for Age | 34.46 % ¹ | | Northwest Health - Porter | 11/4/2023 4:58 PM |
| Height ZScore | -0.40 ² | | Northwest Health - Porter | 11/4/2023 4:58 PM |

| | | | | |
|------------------------|----------|--|---------------------------|-------------------|
| Percent Weight for Age | 30.39 %3 | | Northwest Health - Porter | 11/4/2023 4:58 PM |
| Weight ZScore | -0.51 4 | | Northwest Health - Porter | 11/4/2023 4:58 PM |

¹ Result Comment: ^~:!Percentile Source -CDC

² Result Comment: ^~:!ZScore Source -CDC

³ Result Comment: ^~:!Percentile Source -CDC

⁴ Result Comment: ^~:!ZScore Source -CDC

Social History

No data available for this section

Goals

No data available for this section

Hospital Discharge Instructions

Section Author: RAO, VISHNUVARDHAN, Northwest Health - Porter, 11/4/2023 7:34 PM

Patient Education

11/04/2023 14:34:30

Motor Vehicle Collision Injury, Pediatric

Motor Vehicle Collision Injury, Pediatric

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

- Cuts.
- Burns.
- Bruises.
- Sore muscles.

Your child may have stiffness and soreness over the first several hours. Your child may feel worse after waking up the first morning after the collision. These injuries tend to feel worse for the first 24–48 hours. Your child's injuries should then begin to improve with each day. How quickly your child improves often depends on:

- The severity of the collision.
- The number of injuries he or she has.
- The location of the injuries.
- The nature of the injuries.

Follow these instructions at home:

Medicines

- Give over-the-counter and prescription medicines only as told by your child's health care provider.
- If your child was prescribed an antibiotic medicine, give or apply it as told by your child's health care provider. Do not stop using the antibiotic even if your child's condition improves.

If your child has a wound or a burn:

- Clean the wound or burn as told by your child's health care provider.
 - Wash the wound or burn with mild soap and water.
 - Rinse the wound or burn with water to remove all soap.
 - Pat the wound or burn 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 child's health care provider.
- Follow instructions from your child's health care provider about how to take care of the wound or burn. Make sure you:
 - Know when and how to change the bandage (dressing). Always wash your hands with soap and water before and after you change the

dressing. If soap and water are not available, use hand sanitizer.

- Leave stitches (sutures), skin glue, or adhesive strips in place, if this applies. 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 child's health care provider tells you to do that.
- Know when you should remove the dressing.
- Make sure your child does not:
 - Scratch or pick at the wound or burn.
 - Break any blisters he or she may have.
 - Peel any skin.
- Have your child avoid exposing the burn or wound to the sun.
- Have your child raise (elevate) the wound or burn above the level of his or her heart while sitting or lying down. If your child has a wound or burn on the face, you may want to have your child sleep with the head elevated. You may do this by putting an extra pillow under his or her head.
- Check your child's wound or burn every day for signs of infection. Check for:
 - Redness, swelling, or pain.
 - Fluid or blood.
 - Warmth.
 - Pus or a bad smell.

General instructions

- Put ice on your child's injured areas as told by your child's health care provider. This can help with pain and swelling.
 - Put ice in a plastic bag.
 - Place a towel between your child's skin and the bag.
 - Leave the ice on for 20 minutes, 2–3 times a day.
- Have your child drink enough fluid to keep his or her urine pale yellow.
- Ask your child's health care provider if your child has any lifting restrictions. Lifting can make neck or back pain worse, if this applies.
- Have your child rest. Rest helps the body heal. Make sure your child:
 - Gets plenty of sleep at night. He or she should avoid staying up late at night.
 - Keeps the same bedtime hours on weekends and weekdays.
- Let your child return to his or her normal activities as told by your child's health care provider. Ask your child's health care provider what activities are safe.
- Keep all follow-up visits as told by your child's health care provider. This is important.

Preventing injuries

Here are some ways to lower your child's risk for a serious injury in a collision:

- Always correctly use a car seat or booster seat that is appropriate for your child's age, weight, and size.
- Install car seats and booster seats properly. Follow the instructions in your owner's manual. Get help from a child passenger safety technician if you need help installing a car seat. To find one near you, check cert.safekids.org
- Have children sit in the back seat until age 12. Make sure they always wear a seat belt.
- Get a new car seat or booster seat if:
 - You have been in a major motor vehicle accident.
 - The seat has been damaged in any way.
- Do not let your child play in driveways or parking lots. Serious injuries can occur when vehicles back up into a child in a driveway or parking lot.
- Make sure children use crosswalks and obey traffic laws. They should not play in streets or in crowded traffic areas.
- While driving, avoid distractions such as texting, removing your hands from the steering wheel to adjust music, or turning to talk to people in the back seat.

Contact a health care provider if your child has:

- Any new or worsening symptoms, such as:
 - A worsening headache.
 - Pain or swelling in an arm or leg.
 - Trouble moving an arm or leg.
 - Neck or back pain.

- Any signs of infection in a wound or burn.
- A fever.

Get help right away if:

- Your baby will not stop crying, will not eat, or cannot be aroused from sleep after a car accident.
- Your older child has:
 - A persistent headache.
 - Nausea or vomiting.
 - Sleepiness.
 - Changes in his or her vision.
 - Chest pain.
 - Abdominal pain.
 - Shortness of breath.

Summary

- After a motor vehicle collision, it is common for children to have injuries to the face, arms, and body. These injuries may include cuts, burns, bruises, and sore muscles.
- Follow instructions from your child's health care provider about how to take care of a wound or burn.
- Put ice on your child's injured areas as told by your child's health care provider.
- Contact a health care provider if your child has new or worsening symptoms.
- Carefully follow instructions for installing a car seat. If you need help, contact a certified child passenger safety technician.

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.

Document Revised: 02/22/2023 Document Reviewed: 03/24/2022

Elsevier Patient Education © 2023 Elsevier Inc.

11/04/2023 14:34:30

Sutured Wound Care

Sutured Wound Care

Sutures are stitches that can be used to close wounds. Sutures come in different materials. They may break down as your wound heals (absorbable), or they may need to be removed (nonabsorbable). Taking care of your wound properly can help to prevent pain and infection. It can also help your wound heal more quickly. Follow instructions from your health care provider about how to care for your sutured wound.

Supplies needed:

- Soap and water.
- A clean, dry towel.
- Wound cleanser or saline, if needed.
- A clean gauze or bandage (dressing), if needed.
- Antibiotic ointment, if told by your health care provider.

How to care for your sutured wound

- Keep the wound completely dry for the first 24 hours, or for as long as told by your health care provider. After 24–48 hours, you may shower or bathe as told by your health care provider. Do not soak or submerge the wound in water until the sutures have been removed.
- After the first 24 hours, clean the wound once a day, or as often as told by your health care provider. Use the following steps:
 - Wash and rinse the wound as told by your health care provider.
 - Pat the wound dry with a clean towel. Do not rub the wound.
- After cleaning the wound, apply a thin layer of antibiotic ointment as told by your health care provider. This will prevent infection and keep the dressing from sticking to the wound.
- Follow instructions from your health care provider about how to change your dressing. Make sure you:
 - Wash your hands with soap and water for at least 20 seconds before and after you change your dressing. If soap and water are not available, use hand sanitizer.
 - Change your dressing at least once a day, or as often as told by your health care provider. If your dressing gets wet or dirty, change it.
 - Leave sutures and other skin closures, such as adhesive strips or skin glue, in place. 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.

- Check your wound every day for signs of infection. Watch for:
 - Redness, swelling, or pain.
 - Fluid or blood.
 - New warmth, a rash, or hardness at the wound site.
 - Pus or a bad smell.
- Have the sutures removed as told by your health care provider.

Follow these instructions at home:

Medicines

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

General instructions

- To help reduce scarring after your wound heals, cover your wound with clothing or apply sunscreen of at least 30 SPF whenever you are outside.
- Do not scratch or pick at your wound.
- Avoid stretching your wound.
- Raise (elevate) the injured area above the level of your heart while you are sitting or lying down, if possible.
- Eat a diet that includes protein, vitamin A, and vitamin C to help the wound heal.
- Drink enough fluid to keep your urine pale yellow.
- Keep all follow-up visits. This is important.

Contact a health care provider if:

- You received a tetanus shot and you have swelling, severe pain, redness, or bleeding at the injection site.
- Your wound breaks open or you notice something coming out of it, such as wood or glass.
- You have any of these signs of infection:
 - Redness, swelling, or pain around your wound.
 - Fluid or blood coming from your wound.
 - New warmth, a rash, or hardness around the wound.
 - A fever.
- The skin near your wound changes color.
- You have pain that does not get better with medicine.
- You develop numbness around the wound.

Get help right away if:

- You develop severe swelling or more pain around your wound.
- You have pus or a bad smell coming from your wound.
- You develop painful lumps near your wound or anywhere on your body.
- You have a red streak spreading out from your wound.
- The wound is on your hand or foot and:
 - Your fingers or toes look pale or bluish.
 - You cannot properly move a finger or toe.
 - You have numbness that is spreading down your hand, foot, fingers, or toes.

Summary

- Sutures are stitches that can be used to close wounds.
- Taking care of your wound properly can help to prevent pain and infection.
- Keep the wound completely dry for the first 24 hours, or for as long as told by your health care provider. After 24–48 hours, you may shower or bathe as told by your health care provider.
- To help with healing, eat foods that are rich in protein, vitamin A, and vitamin C.

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.

Document Revised: 04/25/2022 Document Reviewed: 04/25/2022

Elsevier Patient Education © 2023 Elsevier Inc.

11/04/2023 14:34:30

Skin Foreign Body

Skin Foreign Body

A skin foreign body is an object that is stuck in the skin. Common objects that get stuck in the skin include:

- Wood splinters.
- Glass or fiberglass slivers.
- Rocks or gravel.
- Metallic objects, such as nails, needles, fish hooks, and BBs.
- Thorns and cactus spines.

Foreign bodies may damage tissue or cause infection. If the foreign body does not cause any pain or infection, it may be okay to leave it in the skin.

A growth called a granuloma may form around a foreign body that is left in the skin.

What are the causes?

This condition is caused by an object getting lodged under the skin, usually by accident.

What increases the risk?

Children who play in areas with wood, metal, or glass are at a higher risk of getting a foreign body. Adults may get a skin foreign body after breaking glass or while working with wood, fiberglass, or stone. In some cases, the object may get stuck in an open wound after an injury.

What are the signs or symptoms?

Symptoms of this condition include:

- Pain or tenderness.
- A feeling of something being stuck under the skin.
- Redness.
- Swelling.

How is this diagnosed?

This condition is diagnosed based on:

- Your medical history and symptoms.
- A physical exam.
- Imaging tests, such as:
 - X-rays.
 - CT scans.
 - Ultrasounds.

How is this treated?

Treatment for this condition depends on what the foreign body is, where it is, and whether it is causing infection or other symptoms.

Treatment may involve:

- Flushing the affected area with a salt water solution to remove dirt or debris.
- Removing all or part of the object with a needle and metal tweezers. In some cases, an incision may be made in the skin to allow access to the object.
- Waiting to remove the object until it moves closer to the surface of the skin. This may take several days.
- Leaving the object in place. This may be done if the object is not causing any symptoms or if removal will cause more damage to the skin or tissue.
- Taking antibiotic medicines or using antibiotic ointment to treat or prevent infection.
- Having a surgical procedure to remove a foreign body that is deep inside the tissue or that has been covered by a granuloma.

Follow these instructions at home:

Wound or incision care

- If the foreign body was removed, follow instructions from your health care provider about how to take care of your wound or incision. Make sure you:
 - Wash your hands with soap and water for at least 20 seconds before and after you change your bandage (dressing). If soap and water are not available, use hand sanitizer.
 - Change your dressing as told by your health care provider.
 - Leave stitches (sutures), skin glue, or adhesive strips in place. 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.

- Check your wound or incision every day for signs of infection. This is especially important if the foreign body was left in place in the skin.

Check for:

- More redness, swelling, or pain.
- More fluid or blood.
- Warmth.
- Pus or a bad smell.
- If the foreign body was in your lip, you may be directed to rinse your mouth with a salt water mixture 3–4 times per day or as needed. To make salt water, completely dissolve $\frac{1}{2}$ –1 tsp (3–6 g) of salt in 1 cup (237 mL) of warm water.

General instructions

- Take over-the-counter and prescription medicines only as told by your health care provider.
- If you were prescribed an antibiotic medicine or ointment, use it as told by your health care provider. Do not stop using the antibiotic even if you start to feel better.
- Keep all follow-up visits. This is important.

Contact a health care provider if:

- You develop more pain or other new symptoms around the area where the object entered the skin.
- You have more redness, swelling, or pain around your wound or incision.
- You have more fluid or blood coming from your wound or incision.
- Your wound or incision feels warm to the touch.
- You have pus or a bad smell coming from your wound or incision.
- You have a fever.

Get help right away if:

- You have severe pain that does not get better with medicine.

Summary

- A skin foreign body is an object that is stuck in the skin. Common objects that get stuck in the skin include wood, glass, rocks, thorns, and fiberglass slivers.
- Treatment for this condition depends on what the foreign body is, where it is, and whether it is causing infection or other symptoms.
- Treatment may include removing the foreign body or leaving it in place. It is important to watch the wound or incision for signs of infection, especially if the object was left in place in the skin.

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.

Document Revised: 09/09/2022 Document Reviewed: 09/09/2022

Elsevier Patient Education © 2023 Elsevier Inc.

11/04/2023 14:34:30

Laceration Care, Adult

Laceration Care, Adult

A laceration is a cut that may go through all layers of the skin and into the tissue that is right under the skin. Some lacerations heal on their own. Others need to be closed with stitches (sutures), staples, skin adhesive strips, or skin glue.

Proper care of a laceration reduces the risk for infection, helps the laceration heal better, and may prevent scarring.

General tips

- Keep the wound clean and dry.
- Do not scratch or pick at the wound.
- Wash your hands with soap and water for at least 20 seconds before and after touching your wound or changing your bandage (dressing).

If soap and water are not available, use hand sanitizer.

- Do not use disinfectants or antiseptics, such as rubbing alcohol, to clean your wound unless told by your health care provider.
- If you were given a dressing, you should change it at least once a day, or as told by your health care provider. You should also change it if it becomes wet or dirty.

How to care for your laceration

If sutures or staples were used:

- Keep the wound completely dry for the first 24 hours, or as told by your health care provider. After that time, you may shower or bathe. Do

not soak your wound in water until after the sutures or staples have been removed.

- Clean the wound once each day, or as told by your health care provider. To do this:
 - Wash the wound with soap and water.
 - Rinse the wound with water to remove all soap.
 - Pat the wound dry with a clean towel. Do not rub the wound.
- After cleaning the wound, apply a thin layer of antibiotic ointment, other topical ointments, or a non-adherent dressing as told by your health care provider. This will help prevent infection and keep the dressing from sticking to the wound.
- Have the sutures or staples removed as told by your health care provider. Do not remove sutures or staples yourself.

If skin adhesive strips were used:

- Do not get the skin adhesive strips wet. You may shower or bathe, but keep the wound dry.
- If the wound gets wet, pat it dry with a clean towel. Do not rub the wound.
- Skin adhesive strips fall off on their own. 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.

If skin glue was used:

- You may shower or bathe, but try to keep the wound dry. Do not soak the wound in water.
- After showering or bathing, pat the wound dry with a clean towel. Do not rub the wound.
- Do not do any activities that will make you sweat a lot until the skin glue has fallen off.
- Do not apply liquid, cream, or ointment medicine to the wound while the skin glue is in place. Doing this may loosen the film before the wound has healed.
- If a dressing is placed over the wound, do not apply tape directly over the skin glue. Doing this may cause the glue to be pulled off before the wound has healed.
- Do not pick at the glue. Skin glue usually remains in place for 5–10 days and then falls off the skin.

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 an antibiotic medicine or ointment, take or apply it as told by your health care provider. Do not stop using it even if your condition improves.

Managing pain and swelling

- If directed, put ice on the injured area. To do this:
 - 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.
 - Remove the ice if your skin turns bright red. This is very important. If you cannot feel pain, heat, or cold, you have a greater risk of damage to the area.
- Raise (elevate) the injured area above the level of your heart while you are sitting or lying down for the first 24–48 hours after the laceration is repaired.

General instructions

- Avoid any activity that could cause your wound to reopen.
- Check your wound every day for signs of infection. Watch for:
 - More redness, swelling, or pain.
 - Fluid or blood.
 - Warmth.
 - Pus or a bad smell.
- Keep all follow-up visits. This is important.

Contact a health care provider if:

- You received a tetanus shot and you have swelling, severe pain, redness, or bleeding at the injection site.
- Your closed wound breaks open.
- You have any of these signs of infection:
 - More redness, swelling, or pain around your wound.
 - Fluid or blood coming from your wound.
 - Warmth coming from your wound.

- Pus or a bad smell coming from your wound.
- A fever.
- You notice something coming out of the wound, such as blood or glass.
- Your pain is not controlled with medicine.
- You notice a change in the color of your skin near your wound.
- You need to change the dressing often.
- You develop a new rash.
- You have numbness around the wound.

Get help right away if:

- You develop severe swelling around the wound.
- Your pain suddenly increases and is severe.
- You develop painful lumps near the wound or on skin anywhere else on your body.
- You have a red streak going away from your wound.
- The wound is on your hand or foot, and you cannot properly move a finger or toe.
- The wound is on your hand or foot, and you notice that your fingers or toes look pale or bluish.

Summary

- A laceration is a cut that may go through all layers of the skin and into the tissue that is right under the skin.
- Some lacerations heal on their own. Others need to be closed with stitches (sutures), staples, skin adhesive strips, or skin glue.
- Proper care of a laceration reduces the risk of infection, helps the laceration heal better, and may prevent scarring.

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.

Document Revised: 02/24/2022 Document Reviewed: 02/24/2022

Elsevier Patient Education © 2023 Elsevier Inc.

11/04/2023 14:34:30

Head Injury, Pediatric

Head Injury, Pediatric

There are many types of head injuries. Head injuries can be as minor as a small bump, or they can be serious injuries. More severe head injuries include:

- A jarring injury to the brain (concussion).
- A bruise (contusion) of the brain. This means there is bleeding in the brain that can cause swelling.
- A cracked skull (skull fracture).
- Bleeding in the brain that collects, clots, and forms a bump (hematoma).

After a head injury, most problems occur within the first 24 hours, but side effects may occur up to 7–10 days after the injury. It is important to watch your child's condition for any changes. After a head injury, your child may need to be observed for a while in the emergency department or urgent care, or he or she may need to be admitted to the hospital.

What are the causes?

There are many possible causes of a head injury. In younger children, head injuries from abuse or falls are the most common. In older children, falls, bicycle injuries, sports accidents, and car accidents are common causes of head injury.

What are the signs or symptoms?

Symptoms of a head injury may include a contusion, bump, or bleeding at the site of the injury. Other physical symptoms may include:

- Headache.
- Nausea or vomiting.
- Dizziness.
- Blurred or double vision.
- Being uncomfortable around bright lights or loud noises.
- Fatigue or tiring easily.
- Trouble being awakened.
- Seizures.
- Loss of consciousness.

Mental or emotional symptoms may include:

- Irritability or crying more often than usual.
- Confusion and memory problems.
- Poor attention and concentration.
- Changes in eating or sleeping habits.
- Losing a learned skill, such as toilet training or reading.
- Anxiety or depression.

How is this diagnosed?

This condition can usually be diagnosed based on your child's symptoms, a description of the injury, and a physical exam. Your child may also have imaging tests done, such as a CT scan or an MRI.

How is this treated?

Treatment for this condition depends on the severity and the type of injury your child has. The main goal of treatment is to prevent complications and allow the brain time to heal.

Mild head injury

For a mild head injury, your child may be sent home, and treatment may include:

- Observation and checking on your child often.
- Physical rest.
- Brain rest.
- Pain medicines.

Severe head injury

For a severe head injury, treatment may include:

- Close observation. This includes hospitalization with the following care:
 - Frequent physical exams.
 - Frequent checks of how your child's brain and nervous system are working (neurological status).
 - Checking your child's blood pressure and oxygen levels.
- Medicines to relieve pain, prevent seizures, and decrease brain swelling.
- Airway protection and breathing support. This may include using a ventilator.
- Treatments to monitor and manage swelling inside the brain.
- Brain surgery. This may be needed to:
 - Remove a collection of blood or blood clots.
 - Stop the bleeding.
 - Remove part of the skull to allow room for the brain to swell.

Follow these instructions at home:

Medicines

- Give over-the-counter and prescription medicines only as told by your child's health care provider.
- Do not give your child aspirin because of the association with Reye's syndrome.

Activity

- Encourage your child to rest and avoid activities that are physically hard or tiring. Rest helps the brain to heal.
- Make sure your child gets enough sleep.
- Have your child rest his or her brain by limiting activities that require a lot of thought or attention, such as:
 - Watching TV.
 - Playing memory games and puzzles.
 - Doing homework.
 - Working on the computer, using social media, and texting.
- Having another head injury, especially before the first one has healed, can be dangerous. As told by your child's health care provider, have your child avoid activities that could cause another head injury, such as:
 - Riding a bicycle.
 - Playing sports.
 - Participating in gym class or recess.
 - Climbing on playground equipment.
- Ask your child's health care provider when it is safe for your child to return to his or her regular activities. Ask the health care provider for a step-by-step plan for your child to slowly go back to activities.

• Ask the health care provider when your child can drive, ride a bicycle, or use machinery, if this applies. Your child's ability to react may be slower after a brain injury. Do not allow your child to do these activities if he or she is dizzy.

General instructions

- Watch your child closely for 24 hours after the head injury. Watch for any changes in your child's symptoms and be ready to seek medical help.
- Tell all of your child's teachers and other caregivers about your child's injury, symptoms, and activity restrictions. Have them report any problems that are new or getting worse.
- Keep all follow-up visits as told by your child's health care provider. This is important.

How is this prevented?

Your child should:

- Wear a seat belt when he or she is in a moving vehicle.
- Use the appropriate-sized car seat or booster seat.
- Wear a helmet when riding a bicycle, skiing, or doing any other sport or activity that has a risk of injury.

You can:

- Make your living areas safer for your child.
 - Childproof any dangerous parts of your home.
 - Install window guards and safety gates.
- Make sure the playground that your child uses is safe.

Where to find more information

- Centers for Disease Control and Prevention: www.cdc.gov
- American Academy of Pediatrics: www.healthychildren.org

Get help right away if:

- Your child has:
 - A severe headache that is not helped by medicine or rest.
 - Clear or bloody fluid coming from his or her nose or ears.
 - Changes in his or her vision.
 - A seizure.
 - An increase in confusion or irritability.
- Your child vomits.
- Your child's pupils change size.
- Your child will not eat or drink.
- Your child will not stop crying.
- Your child loses his or her balance.
- Your child cannot walk or does not have control over his or her arms or legs.
- Your child's dizziness gets worse.
- Your child's speech is slurred.
- You cannot wake up your child.
- Your child is sleepier than normal and has trouble staying awake.
- Your child develops new or worsening symptoms.

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.).

Summary

- There are many types of head injuries. Head injuries can be as minor as a bump, or they can be serious injuries.
- Treatment for this condition depends on the severity and type of injury your child has.
- Watch your child closely for 24 hours after the head injury. Watch for any changes in your child's symptoms and be ready to seek medical help.
- Ask your child's health care provider when it is safe for your child to return to his or her regular activities.
- Most head injuries can be avoided in children. Prevention involves wearing a seat belt in a motor vehicle, wearing a helmet while riding a bicycle, and making your home safer for your child.

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.

Follow Up Care

11/04/2023 11:50:08

With: RUOLAN PI

Address:

2421 LAPORTE AVENUE

VALPARAISO, IN 46383-

(219) 462-4167 Business (1)

When: 1 to 2 days

With: Return to ED if symptoms worsen

Address: Unknown

When: 1 to 2 days

With: NICHOLAS RETSON

Address:

8053 CLEVELAND PLACE

MERRILLVILLE, IN 46410-

(219) 769-4456 Business (1)

When: 1 to 2 days

Comments: Sutures out in 7 to 10 days

Reason for Referral

No data available for this section

Health Concerns

No data available for this section

Implantable Device List

No data available for this section

Note

Event Display: Admission Forms

Authored Date: 20231104152301-0500

Author: Northwest Health - Porter

Last Modified: 11/4/2023 8:23 PM

Patient Care team information

Care Team Personnel

Author: Loeffler, Paige Elizabet, Community Health Systems 2

Last Modified: 11/4/2023 8:18 PM

Name: PI, RUOLAN L MD

Position: Physician - Pediatrician

Member Role: Primary Care Physician

Address:

Address: 2421 LAPORTE AVENUE

VALPARAISO, IN 46383- US

Author: Loeffler, Paige Elizabet, Community Health Systems 2

Last Modified: 11/4/2023 8:18 PM

Family History

No data available for this section