

**Discharge Instructions**

Patient: FOREMAN , CHRIS

Admit Date: 10/14/15  
Att Dr: MORSHED , SAAM

MRN: 01889018  
Acct#: 80003976588

**Attending MD at Discharge**  
MORSHED , SAAM

**Discharge Date**  
10/19/2015

**Reason for Hospital Admission**

The fractures in the bones in your left leg.

There are two bones in the lower leg, the Tibia (prominent shin bone) and the Fibula (smaller stabilizing bone on the outside of the leg). Both of these bones were broken near the middle of the lower leg when you were hit by the car. A potentially serious complication of fractures like this is a condition called Compartment Syndrome, where blood comes out of the bones and makes the leg swell up to an extreme extent. This can cause damage to muscles and nerves.

**Treatment Received**

Your treatment consisted of fixing the bones by putting a metal rod inside the Tibia and putting a metal plate and screws on the fibula, and we also made an incision in your leg that was left open under a wound vac for a few days to make sure that you did not develop compartment syndrome. When we were satisfied that you were no longer at risk for that condition, we closed the incision.

Your incisions are closed with sutures. You should schedule an appointment with a Kaiser doctor for about two weeks after discharge to have the incisions checked and sutures removed. After this, you will see Dr. Morshed in the 3M clinic at SFGH on 11/20 at 1pm. Please come early to this appointment in order to avoid waiting for an

**reatment Received**

extended period of time. At this visit you will get an x-ray to assess fracture healing and your weightbearing status will likely be advanced at that time.

It has been our pleasure caring for you at the San Francisco General Hospital and we look forward to seeing you at your follow-up appointment. If you have any questions you can contact the SFGH Orthopaedics service during business hours at 415-206-8266. You may ask specifically to speak to Dr. Jeff Mulvihill, the intern who is most familiar with your care. Dr. Morshed's office staff:  
415-353-9400.

**Follow-Up Visits:**

THE FOLLOWING APPOINTMENTS ARE SCHEDULED:

When: 11/20/2015 @ 1pm

Clinic: ORTHOPEDICS

Provider: Morshed

Address: 1001 POTRERO AVENUE 3RD FLOOR WARD 3M

Address: SAN FRANCISCO GENERAL HOSPITAL

Phone: (415) 206-2070

**Diets:**

Please follow these diet guidelines:

Regular

1. Watch portion sizes
2. Half of your meals should be vegetables and fruit
3. Choose whole grains, lean meats, healthy fats
4. Avoid fatty foods like chips, fried foods, excess cheese
5. Limit packaged foods and fast foods

**Diet:**

Do not use alcohol

**General comments:**

If you smoke or chew tobacco, consider quitting

Call 1-800-No Butts for smoking cessation counseling

**General Comments**

Do not use non-prescribed drugs  
If you think you might have a problem with alcohol or drugs and would like access to Substance Abuse Treatment, please contact TAP:  
Treatment Access Program: 800-750-2727  
You may drop in for information regarding substance abuse programs and services Monday thru Friday 8:00 am to 4:30 pm  
at 1380 Howard St, 1st floor, San Francisco

**Activities:**

Resume normal activities as tolerated  
Do not overexert yourself

**Weight Bearing Left Leg:** 0%

**Driving:**

No driving

**Bathing:**

Keep suture line dry

**Stairs:**

As tolerated

**General Comments**

Touchdown weight bearing on the right leg - you may rest the boot on the ground when you are getting around on the crutches, but do not bear weight on the right leg. Keep the wrapping on your leg clean and dry and do not remove it until your follow-up with a Kaiser doctor at about 2 weeks from discharge. This will protect the incision and help prevent infection.

**Notify Physician if you notice:**

Fever more than 101 degrees  
Bleeding from your wound  
Diarrhea for more than 24 hours  
Nausea and vomiting  
Redness, swelling, pus-like drainage from your wound/puncture site  
Severe pain, unrelieved by pain medication or pain getting worse  
Skin rash, difficulty breathing or swallowing  
Unexpected or unusual bleeding

**Home Services:**

THE FOLLOWING SERVICES ARE SCHEDULED:  
Home Health - PT

ACCT: 80003976588

Printed on: 10/20/15 17:25 WDINSTFO

E5PB6342 PAGE 003 OF 006

**Home Services:**

Agency: Kaiser Hospital  
Phone: Kaiser to call pt

Home Health - Health Aide  
Agency: Kaiser Hospital  
Phone: Kaiser to call Pt

**Anticipated Dsch Destination**

HOME

**Equipment Needed:**

EQUIPMENT: DME PROVIDER: PHONE:  
Front Wheeled Walker Kaiser Hospital  
Note: Kaiser to deliver to Pt's home

Wheelchair Kaiser Hospital  
Note: Kaiser to notify Pt if it will be authrized

Crutches  
Note: provided by PT

Bedside Commode Kaiser Hospital  
Note: Kaiser to notify Pt if it will be authrized

Shower Chair Kaiser Hospital  
Note: Kaiser to notify Pt if it will be authrized

**Other Equipment Needed:**

OTHER EQUIPMENT: DME PROVIDER: PHONE:  
CAM boot  
Note: provided in OR

**Equipment Special Instructions:**

The CAM boot that we gave you, although heavy, is very important for two reasons: 1) it keeps your foot at a 90 degree angle to the lower leg, which will prevent what is known as an equinus contracture (where the toes are stuck in a pointed position like a ballet dancer). For

ACCT: 80003976588

Printed on: 10/20/15 17:25 WDINSTFO

E5PB6342 PAGE 004 OF 006

**Equipment Special Instructions:**

this reason, you should wear the boot at night when you are sleeping.  
2) it protects the incisions and the metal implants from accidental damage if you were to bump your leg into something. For this reason you should also have it on when you are ambulating or in a wheelchair.  
It is OK to remove the boot a few times a day to wiggle the toes and ankle gently.

**Oxygen Special Instructions:**

You should ask Kaiser to provide you with a wheelchair or a walker.

**Acute Wound(s)**

Suture Line (Surgical/Laceration)

**Other Acute Wound Care:**

Keep your leg wrapped in the Bias wrap until you see a Kaiser doctor about two weeks after discharge. This will keep the incision protected and clean, which will help prevent infection.

**Discharge Enoxaparin Education**

Enoxaparin Discharge Instructions Provided

**Discharge Medication List**

Here is the list of medications you should take as prescribed when you leave the hospital; For medications with a pharmacy listed, please pick up the prescription from that pharmacy; For medications without a pharmacy listed, use your home supply;

Docusate Sodium [250 mg Capsule]: 1 Pill(s) By Mouth Twice a day  
(Discharge Med)  
As Directed  
Pharmacy: SAN FRANCISCO GEN. OP PHARMACY (415) 206-8108

Enoxaparin [40 mg/0.4 mL SYRINGE]: 1 Syringe Subcutaneous Once a day (Discharge Med)  
As Directed  
Pharmacy: SAN FRANCISCO GEN. OP PHARMACY (415) 206-8108

ACCT: 80003976588

Printed on: 10/20/15 17:25 WDINSTFO

E5PB6342 PAGE 005 OF 006

apap Extra Strength (Acetaminophen) [500 mg Tablet]: 2 Pill(s)  
By Mouth Every 8 hours (Discharge Med)  
As Directed  
Pharmacy: SAN FRANCISCO GEN. OP PHARMACY (415) 206-8108

oxyCODONE [5 mg Tablet]: 1-2 tabs By Mouth Every 4 hours as  
needed for MODERATE PAIN (Discharge Med)  
As Directed  
Paper Prescription

**Stop taking the following Medication**

No Medications qualify for this section.

**Provider e-Signature**

MULVIHILL ,JEFFREY,MD-R1 CHN#: 209320 ON 10/20/15 16:47  
MY PRINTED NAME REPRESENTS MY ELECTRONIC SIGNATURE.

**RN e-Signature**

PREPARED BY: ANNA LISA M. AUSTRIA RN ON 10/20/15 17:25  
MY PRINTED NAME REPRESENTS MY ELECTRONIC SIGNATURE.

Pages printed - 6

Name: FOREMAN ,CHRIS  
DOB: 12/24/1949  
Sex: M  
MRN: 01889018  
Pt#: 80003976588

**Discharge Acknowledgement**

Form Generation Date: 10/20/15

Provider e-Signature

MULVIHILL ,JEFFREY,MD-R1 CHN#: 209320 ON 10/20/15 16:47  
MY PRINTED NAME REPRESENTS MY ELECTRONIC SIGNATURE.

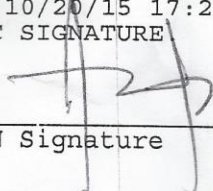
Registered Nurse

Discharge education has been completed. Printed copies have been given to the patient.  
The Patient/Family demonstrates understanding of these instructions.  
A copy of the instructions is stored electronically and is part of  
the Legal Medical Record.

RN e-Signature

PREPARED BY: ANNA LISA M. AUSTRIA RN ON 10/20/15 17:25  
MY PRINTED NAME REPRESENTS MY ELECTRONIC SIGNATURE

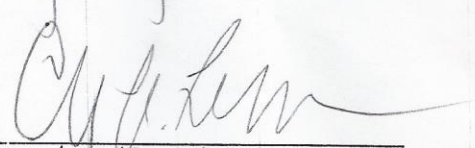
Discharge RN

  
\_\_\_\_\_  
RN Signature

Patient/Family

I/we understand these instructions and have a copy of them.

FOREMAN ,CHRIS  
Patient

  
\_\_\_\_\_  
Patient/Family Signature

Interpreter (if applicable)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Interpreter Signature

San Francisco General Hospital and Trauma Center  
1001 Potrero Avenue  
San Francisco, CA 94110

80003976588

10/20/15 17:25 @05Z WDISGNF1