

Discharge Instructions

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Abdominal Pain

The doctor who examined you has not found a serious cause of the abdominal pain at this time. It is important that you carefully watch for changes in the abdominal pain that might suggest a serious condition (such as appendicitis that is difficult to diagnose early). See your doctor or return to the emergency department immediately if your condition gets worse. You can also call us if you are not sure what to do.

See your doctor tomorrow or as soon as possible if you are not getting better.

These symptoms suggest serious causes of abdominal pain. Call your doctor or return to the emergency department if you are feeling worse or if:

1. You are unable to walk easily or are walking in a bent-over position.
2. Stepping or jumping results in severe pain.
3. You are experiencing pain in the right lower part of the abdomen.
4. The abdomen is hard and painful when you press on it.
5. There is severe abdominal pain when coughing.
6. You are vomiting or gagging.
7. Vomiting is bloody or green or looks like chocolate or coffee.
8. The belly looks very full or big.
9. You are experiencing severe pain every 3 to 20 minutes.
10. Stool (poop) is bloody or black.
11. You are drowsy, weak, fussy, or pale

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Animal Bites

Animal bites can cause infection. Animal teeth carry germs into the skin. You might need antibiotics, a tetanus shot, or a rabies shot. You can ask the doctor about this. Sometimes these wounds should be closed (especially on the face), but it is usually better to let it heal on its own because this decreases the chance of infection.

See your doctor for a recheck visit tomorrow or as soon as possible.

Tetanus shots:

Everyone should have a tetanus shot every 5 to 10 years.

If you received a tetanus shot in the emergency department, be sure to tell your primary care doctor about this to update your shot record.

Some tetanus shots are combination shots, such as tetanus-diphtheria (Td) or tetanus-diphtheria-pertussis (Tdap). Tell your primary care doctor which one you received in the emergency department.

If you are not sure about your tetanus status, call your doctor's office tomorrow to find out whether you need a booster shot.

Rabies:

If you need shots to prevent rabies, you will need several shots.

You might need to report this to animal control or the local police.

Home Care: Keep the wound clean. Wash it with soap and water.

Call your doctor or return to the emergency department if worse or:

1. Fever occurs
2. Redness or swelling occurs near the wound.
3. Pus is found in the wound.
4. Chills, nausea, or vomiting occur.
5. Pain is worse.
6. Joints become painful.

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Asthma and Wheezing

Wheezing occurs when the tubes in the lungs become narrow, making it difficult to breathe and causing air that moves through the lungs to make the wheezing sound. If there is only a little bit of narrowing, wheezing cannot be heard, but there might be a lot of coughing. To treat wheezing, doctors prescribe medications that open the tubes in the lungs. In many cases, doctors prescribe steroid medicine to treat inflammation (swelling) in the tubes of the lungs.

Wheezing conditions can change rapidly. You can be doing well but then have difficulty breathing only a short while later. Some things that worsen wheezing are colds, smoke, pets, dust, allergies, and exercise.

A common question is, "Do I have asthma?" Asthma means that there are many episodes of wheezing or lots of coughing, especially at night. Asthma tends to run in the family. Ask your doctor about an "asthma action plan," which is a paper that tells you how to treat and control wheezing.

See your doctor for a recheck visit tomorrow or as soon as possible.

Home Care:

1. Fluids and fever measures.
2. No smoking!! This is very important. Smokers must shower and change clothes before entering the house. Any cigarette smoke or odor is harmful to wheezing lungs.

Call your doctor or return to the emergency department if worse or:

1. Wheezing is not better.
2. Breathing is difficult or too fast.
3. There are retractions (the skin between or under the ribs sucks in when breathing).
4. Chest pain occurs.
5. Drowsy or sleepy.
6. Pale color or blue/gray color is seen in the lips or fingernails (call 911).

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Bronchiolitis

Bronchiolitis is different from “bronchitis.” **Bronchiolitis** is a common lung infection that causes fever, coughing, wheezing, difficulty breathing, fussiness, and difficulty feeding in babies. It is similar to asthma because the wheezing sounds similar. It is often caused by the respiratory syncytial virus (RSV) germ. It can spread to others (contagious) and causes cold symptoms in older children and adults.

Bronchiolitis is caused by a virus, so antibiotics do not help. Babies are worse in the first 2 to 3 days, but they slowly get better in 1 to 3 weeks. Bronchiolitis can worsen quickly, so watch them closely and return to the emergency department if their condition worsens.

See your doctor for a recheck visit tomorrow or as soon as possible.

Home Care:

1. Put baby to sleep in a more upright position. Use a car seat or stroller for this.
2. Use saline (salt water) nose drops to clear excess mucus. This works best just before trying to feed your child.
3. Use a cool mist vaporizer if the air is dry.
4. Take fever measures.
5. Do not smoke in the house if baby has any breathing problems.

Call your doctor or return to the emergency department if worse or:

1. Infant is having more difficulty breathing.
2. You hear grunting noises with baby’s breathing.
3. You see retractions (skin between or under the ribs is sucked in) when breathing.
4. You see nasal flaring (nostrils getting big) with breathing.
5. Baby is not drinking well and is making less urine.
6. Color is pale or blue/gray in the lips or fingernails (call 911).
7. Baby appears to stop breathing (call 911).

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Burns

Burns are painful and result in large areas of open skin that are unprotected. This open area can become infected and can leak a lot of fluid. Blistered areas can cause scarring. A bandage (dressing) should cover the burn to protect it from infection and help it heal.

Tomorrow, the swelling will be increased, the blisters will appear to be larger than today, small blisters might appear in nonblistered areas, and some blisters will break open.

See your doctor to check the burns tomorrow or as soon as possible.

Home Care:

1. Do not pop blisters if possible. New skin is forming under the blister.
2. Change the bandages about twice a day to keep them clean and dry. If the bandage sticks, you can soak it in slightly warm (not hot) water.
3. Wash the burn with slightly warm, soapy water.
4. Rinse and pat dry with clean cloth. Be gentle.
5. Apply the burn cream or ointment.
6. Apply new bandage.
7. Give pain medicine to control pain.

Call your doctor or return to the emergency department if worse or:

1. There is increased pain or swelling.
2. Redness or red streaks are spreading around the burn.
3. There is pus drainage from the site or it smells bad.
4. Fever occurs.
5. The bandages get wet very fast, which means that the burn is losing too much fluid.
6. Your child appears weak, ill, or pale in color.

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Cast or Splint Care

A cast is made of hard material to prevent broken or injured bones from moving, which reduces pain and helps healing. A splint is like a temporary cast that will be replaced by a real cast later if needed.

See your doctor or bone specialist (orthopedic surgeon) in 1 to 4 days.

Home Care:

1. The splint or cast will take time to fully harden. Do not lean the cast on a hard surface or sharp edge in the first few hours. This can dent the cast material, which can injure the skin under it.
2. Do not get the cast wet. For baths, keep it out of the water. A plastic bag might help.
3. Keep the injured area elevated for the first 2 days whenever possible to reduce swelling.
4. Frequently ask about pain, tingling (pins and needles), or numbness.
5. Frequently check the fingers or toes. They should move easily and be pink. If you press the fingernails, the color should return quickly. Be worried if it does not.

Call your doctor or return to the emergency department if worse or:

1. Pain is worse.
2. There is numbness or tingling.
3. Fingers or toes can't move.
4. Swelling gets worse.
5. The cast/splint gets wet or cracks.
6. Finger color looks pale, blue/gray, or darker than normal.
7. There is a bad smell under the cast/splint.
8. The skin around the cast/splint edge looks red or irritated.

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Conjunctivitis (Pink Eye)

Conjunctivitis is inflammation (irritation) to the eye conjunctiva (clear membrane covering the white part of the eye). This causes the white of the eye to appear red or pink, which is why it is called “pink eye.” It can be caused by viruses, bacteria, allergies, injuries, chemicals or other eye diseases.

Most “pink eye” (viral and bacterial) is contagious. It might affect the other eye and spread to other people. Everyone in the household should wash their hands often and not touch their eyes. Don’t share towels, clothes, sheets, or blankets. After touching a “pink eye,” always wash your hands. Don’t go to school until the “pink eye” is back to normal.

Home Care:

1. Gently clean any mucus from the eye with a soft, wet cloth.
2. Everyone in the house should frequently wash their hands often with soap and water or hand sanitizer and avoid sharing towels.
3. Do not use contact lenses unless the eye doctor has approved this.

Call your doctor or return to the emergency department if worse or:

1. Eye pain is not better or getting worse.
2. Vision is blurry.
3. Infection is not improved in 2 days.
4. Eyelid or face becomes red or swollen.
5. Fever occurs.

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Corneal Abrasion

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A corneal abrasion is a scratch on the cornea (clear covering over the central portion of the eye). This abrasion only affects the outer layer and usually heals in 1 or 2 days. Eye pain and tearing occur. Antibiotic eye ointment (gel) or drops are usually prescribed to prevent infection

Sometimes an abrasion can become infected and extend to the deeper parts of the eye, causing an ulcer. An ulcer is more serious and can permanently harm vision.

See your doctor to check the eye again tomorrow or as soon as possible.

Call your doctor or return to the emergency department if worse or:

1. Pain is worse.
2. Eye redness gets worse.
3. Fever occurs.
4. You see redness or swelling around the eyelids.

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Croup

Croup is swelling of the upper airway and voice box that is caused by a virus (called parainfluenza virus). The voice is hoarse, and there is a barking cough (sounds like a seal). In some children the swelling can cause noisy or difficult breathing, fever, and a runny nose. The cough and noisy breathing might get worse with crying or fussiness. The cough and noisy breathing are worse at night. Croup usually lasts 5 days. Some children get croup more than once.

See your doctor for a recheck visit tomorrow or as soon as possible.

Home Care:

1. Use a cool mist vaporizer. If you don't have one, breathing the moist air outside a bathroom shower can help.
2. Give fluids and take measures to manage fever.
3. Upright positioning is helpful. Sleep in an upright position by using a car seat or stroller for younger children or very large couch cushions for older children.
4. Try to stay calm and keep your child calm because crying makes the croup worse.

Call your doctor or return to the emergency department if worse or:

1. The noisy breathing returns and is present even when resting comfortably.
2. Breathing becomes difficult.
3. You see retractions (skin on the chest or under the ribs gets sucked in) during breathing.
4. Child is weak and tired.
5. Child is drooling or cannot swallow.
6. Your child appears blue or stops breathing (call 911).

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Crutches

1. The height of the crutch should go from the ground to about two inches (5 cm) below the armpit. The top of the crutch should not touch the armpit.
2. NEVER lean your armpit on the top of the crutch. This might damage the nerves going into the arm.
3. Adjust the middle bar of the crutch to fit in the hand so the top of the crutch is below the armpit by about two inches (5 cm).
4. Bend your injured leg backward a little (unless your knee is immobilized).
5. Lean forward putting all the weight on your HANDS holding onto the crutches. DO NOT lean your weight on your armpits.
6. Keep off your injured leg and swing your body forward through the crutches and land on your good leg.
7. Practice this in the emergency department before you leave.
8. Depending on the type of injury that you have, at your next follow-up visit with your doctor or specialist, these instructions could change.

Crutches on the stairs (depends on your upper body strength):

Going up:

1. Put both crutches on one side and use the stairs' railing to brace yourself upward.
2. Sit down with your back facing up the stairs. Use your good leg to push yourself up the stairs.

Going down:

1. With one crutch under each arm, put both crutches on the step below you and carefully lean forward on the step.
2. Sit down facing down the stairs. With your legs forward, use your arms and good leg to carefully maneuver down the stairs.

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Ear Infections

There are 2 types of ear infection. The doctor or nurse will tell you which type is present:

Middle Ear Infection (Otitis Media): Otitis media is an infection behind the eardrum. It is usually caused by a cold. The tiny tube that drains the middle ear pocket is swollen. It cannot drain fluid and air, so this fluid backs up in the middle ear pocket and becomes infected. The treatment is antibiotics.

Ear Canal Infection (Otitis Externa): Otitis externa is caused by irritation in the ear canal (the outer part of the ear), usually from dirty water, scratches in the ear, or pus from the middle ear infection. The treatment is antibiotic ear drops.

The cause of ear infections can be bacterial, viral, or both. Antibiotics are usually prescribed to treat bacterial infections. Some children might still have an infected ear that needs to be treated with more antibiotics. Some children have many ear infections during childhood.

Home Care:

1. Some ear infections are mild and do not need antibiotics.
2. If antibiotics are prescribed, take the antibiotics until finished, even though the symptoms might go away in a few days. This is necessary to kill all the germs.
3. Use acetaminophen (paracetamol, Tylenol) for pain or fever. Ibuprofen (Motrin, Advil) is another option. Do not use aspirin for children.
4. Ear pain drops can help.
5. See your doctor to have the ears rechecked in about 7 to 10 days to see whether the ear infection is cured.
6. See your doctor sooner or return to the emergency department if there is no improvement in 2 days or if anything is worse.

Call your doctor or return to the emergency department if worse.

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Febrile Seizure (Seizure With Fever)

A febrile seizure is a seizure that occurs with a fever. The words seizure and convulsion mean the same thing. Febrile seizures are common in infants and young children. Most children outgrow this by 4 to 6 years of age. Febrile seizures are not the same as epilepsy. Although febrile seizures are frightening to observe, they are generally not serious. Febrile seizures do not cause brain damage or affect intelligence. Some children have another febrile seizure in the future. Seizure medications are not used to prevent febrile seizures, but there are a few steps you can do at home.

Home Care:

1. Fever control can be more aggressive. Follow the fever control instructions.
2. During a fever, do not overdress your child in warm clothes because the body is too hot.
3. Encourage cool liquids.
4. You can apply cool washcloths to his/her neck and head. Do NOT use rubbing alcohol to try to bring a fever down.

If a seizure occurs:

1. Stay calm.
2. Turn the child's head and body to the side to allow vomit or saliva to run out of the mouth.
3. Never put anything in the mouth to force it open during a seizure. It is impossible to swallow the tongue during a seizure.
4. If the seizure lasts for more than 3 minutes or there is trouble breathing, call 911.

Call your doctor or return to the emergency department if worse or:

1. Your child has neck pain or stiffness.
2. Your child becomes weak, drowsy, or confused.
3. Your child has trouble walking, talking, or eating.
4. You are unable to control the fever with medication.
5. Your child becomes more ill or develops problems, which are concerning to you.
6. Your child has another seizure within 24 hours.

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Fever

Fever is a symptom of an infection. Fever is not harmful, and the main reason to treat a fever is to make you more comfortable. There are different types of thermometers. Read the instructions or ask your doctor/nurse how to use it correctly.

Normal Temperatures	By Mouth	Rectal	Under arm (axillary) or forehead	Ear (tympanic) or temporal scan)	Fever
Degrees F	98.6	99.7	97.6	98.6 to 99.7	More than 100.4
Degrees C	37.0	37.6	36.5	37.0 to 37.6	More than 38.0

Home Care:

1. Do not overdress or bundle your infant or child because the body is too hot.
2. Drinking cool liquids helps. For young infants, do not use plain water.
3. Give fever medicine at the correct dose. Use acetaminophen every 4 hours as needed.
4. If your child is older than 6 months, you might also use ibuprofen every 6 hours as needed.
5. Do not give aspirin to children.

See your doctor for a recheck visit tomorrow or as soon as possible.

Call your doctor or return to the emergency department if worse or:

1. Your child is 2 months or younger and has a fever.
2. Any weakness, drowsiness, or fussiness occurs.
3. Poor eating or drinking and less urination or wet diapers occur.
4. Fever lasts for more than 2 days or your child appears ill.
5. Headache, stiff neck, vomiting, rash, or difficulty breathing occurs.
6. You have any concerns about your child's condition.

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Fever, continued

Acetaminophen (paracetamol, Tylenol, APAP) dose every 4 hours (10-15 mg per kg): Dosing by weight is more accurate than dosing by age.

Age	Weight	Dose	Caution: Don't use old form of infant drops (80 mg per 0.8 mL)	Suspension and new infant drops (160 mg per 5 mL)	Chewable 80mg tablets	Adult tabs 325 mg	Extra strength 500 mg tabs
1 – 3 mos	9–11 lbs, 4–5 kg	50–60 mg	this form of acetaminophen is not available in the U.S.	2 mL			
3 – 6 mos	13–16 lbs, 6–7 kg	80–100 mg		3 mL	1 tablet		
7 – 16 mos	18–22 lbs, 8–10 kg	120 mg		4 mL	1.5 tablets		
17 – 24 mos	23–31 lbs, 11–14 kg	160 mg		5 mL	2 tablets		
2 – 3 years	32–35 lbs, 15–16 kg	200 mg		6 mL	2.5 tablets		
4 – 5 years	35–46 lbs, 17–21 kg	240 mg		7.5 mL	3 tablets		
6 – 8 years	47–62 lbs, 21–28 kg	320 mg		10 mL	4 tablets	1 tablet	
9 – 10 years	63–80 lbs, 29–36 kg	400 mg		12 mL	5 tablets		
11 – 12 years	81–95 lbs, 37–43 kg	500 mg		15 mL	6 tablets	1.5 tablets	1 tablet
	96–143 lbs, 44–65 kg	650 mg		20 mL	8 tablets	2 tablets	
	145–200 lbs, 66–90 kg	1000 mg	30 mL	10 tablets	3 tablets	2 tablets	

There are also acetaminophen suppositories in 80 mg, 120mg, 325mg, and 650mg sizes.

Ibuprofen (Motrin, Advil) fever medicine doses every 6 hours (10 mg/kg): Dosing by weight is more accurate. This medicine can cause bleeding/bruising and upset stomach.

Age	Weight	Dose	Infant drops (40 mg per mL)	Suspension (20 mg per mL)	Tablets (200 mg)
3 – 6 mos	13 lbs, 6 kg	60 mg	1.5 mL	3 mL	
7 – 11 mos	18 lbs, 8 kg	80 mg	2 mL	4 mL	
12 – 15 mos	22 lbs, 10 kg	100 mg	2.5 mL	5 mL	half tablet
16 – 22 mos	26 lbs, 12 kg	120 mg		6 mL	-----
3 years	35 lbs, 16 kg	160 mg		8 mL	-----
4 – 5 years	44 lbs, 20 kg	200 mg		10 mL	one tablet
6 – 7 years	55 lbs, 25 kg	250 mg		12 mL	-----
8 – 10 years	66 lbs, 30 kg	300 mg		15 mL	1.5 tablets
	88 lbs, 40 kg	400 mg		20 mL	2 tablets
	130 lbs, 60 kg	600 mg		30 mL	3 tablets

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Fractures (Broken Bones), Sprains, and Strains

Sprains and strains are injuries of ligaments, muscles, joints, or cartilage, while fractures are broken or cracked bones. All cause pain and swelling. Fractures and many sprains should be protected and immobilized (held steady in a wrap, brace, splint, or cast) until they heal. If an X-ray is obtained, a radiologist (X-ray specialist) will read this within 24 hours. The patient should be notified of any different findings from what was discussed at the visit, but to be sure, please call your doctor's office and ask them to double check the X-ray reading. Sometimes fractures are not seen on the first X-ray but can be seen on later X-rays. Most of the time, sprains and strains improve every day, while fractures take longer to improve.

Home Care:

1. Rest the injured area and keep it elevated (above heart level) as much as possible. In bed, rest your arm or leg on pillows to keep it elevated.
2. Using cool packs on the first day might help to reduce swelling. Young children often do not like cool packs so don't use them if it bothers them.
3. You might give acetaminophen (paracetamol, Tylenol) for pain.
4. Some recommend giving ibuprofen (Motrin, Advil), but this can cause increased bruising and bleeding in an injury.
5. If you have an elastic bandage, splint, or sling, adjust your bandage, splint, or sling if it becomes too tight or if it causes swelling.
6. Some ankle and foot injuries (such as ankle sprains), treated with an elastic bandage or removable ankle brace, heal better if you gently walk on the injured limb. However, for most fractures, with a rigid splint applied, we would prefer NO weight on the injured foot until approved by your doctor or specialist at follow-up.
7. No sports or vigorous activity should be performed until cleared by your doctor.

See your doctor for a re-check visit tomorrow or as soon as possible if not better.

Call your doctor or return to the emergency department if worse or:

1. Pain increases.
2. Numbness or tingling occurs.
3. Swelling increases.
4. Nail or skin color (pale, bluish, or deeper in color than the other side) changes.
5. No improvement is seen in 3 days.

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Headache

You have been evaluated for a headache. Most headaches are not serious and are usually relieved by acetaminophen (paracetamol, Tylenol) or ibuprofen (Motrin, Advil). Do not give aspirin to children. Common causes include migraines, stress, eye strain, and infections (sinus or dental). Sometimes resting in a quiet, dark environment helps. Avoid vigorous exercise, loud noise, caffeine, stimulants, and alcohol.

Rarely headaches can indicate a serious disease, such as infection, high blood pressure, or bleeding in the brain. Headaches are usually diagnosed by the patient's history and examination. Your doctor will determine whether lab tests or imaging (such as computed tomography [CT] or magnetic resonance imaging [MRI]) are necessary to look for more serious problems. Sometimes the initial examination or test results are normal, even when there is a more serious problem, so it is important to follow up with your doctor for further evaluation.

Home Care:

1. Keep your follow-up appointment with your doctor.
2. Take the pain medicine recommended by your doctor.
3. There might be some benefit from relaxation, massage, and rest.
4. An icepack to the head and neck might be helpful.

See your doctor for a recheck visit tomorrow or as soon as possible.

Call your doctor or return to the emergency department if worse or:

1. The headache is worse.
2. There is temperature greater than 102°F (39°C).
3. The neck becomes stiff or painful.
4. Blurred vision, double vision, or eye pain occurs.
5. Trouble walking or maintaining balance occurs.
6. Dizziness, weakness, or passing out occurs.
7. Confusion occurs.
8. Vomiting occurs.
9. No improvement occurs in 2 days.

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Head Injury (Concussion)

The doctor has determined that your head injury can be safely observed at home. A concussion (injury to the brain) can cause sleepiness, headache, dizziness, or vomiting. Some people have memory difficulty.

With more serious cases, CT and MRI are performed to look for bleeding inside the brain. CT is fast, but it has a high level of radiation that can harm the growing brain in infants and young children. MRI has no radiation, but it has a high magnet strength, is slow, and often requires sedation for children.

Home Care:

1. During the next 24 hours, a reliable person should carefully watch the patient.
2. It is OK to let him/her sleep. Wake him/her up every 3 hours to check speech, recognition, alertness, and headache.
3. Give acetaminophen (paracetamol, Tylenol) for headache as recommended by the doctor.
4. Ibuprofen (Motrin, Advil), naproxen (Naprosyn), and aspirin can cause bleeding and bruising, so don't use these.
5. Rest. No video games, texting, TV, music, school work. Stay indoors.
6. Follow a gentle diet. Take small amounts of food at a time.
7. See your doctor for activity recommendations. Rest must be continued until gradually advanced by your doctor.

See your doctor for a recheck visit tomorrow or as soon as possible if not better.

Call your doctor or return to the emergency department if worse or:

1. Change in behavior or any unusual behavior occurs.
2. The child is sleepy or unable to awaken easily.
3. Confusion occurs (eg, doesn't know his/her name or where he/she is).
4. Speech doesn't make sense.
5. Worsening dizziness or unsteadiness on feet occurs or the child can't walk normally.
6. Vomiting occurs more than 3 times or more than 8 hours after the injury.
7. Poor vision or double vision occurs.
8. Bleeding or watery fluid from the ears or nose occurs.
9. Seizure, twitching, body jerking, or passing out occurs.
10. Headache is worse.
11. Weakness or numbness of the face, arms, legs, or body occurs.

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Hives (Urticaria)

Hives are itchy, pink puffy patches on the skin that can change in size and location. Hives are sometimes associated with swelling of the hands, feet, and face. Most of the time hives are caused by an allergic reaction that most often lasts for 1 or 2 days. Common causes include peanuts, strawberries, shellfish, plants, medicines, pets, bee stings, and food preservatives.

Home Care:

1. Take an antihistamine, such as diphenhydramine (Benadryl), loratadine (Claritin), or cetirizine (Zyrtec). Hives often improve after these medicines.
2. If the cause can be determined, avoid this.
3. Applying cool compresses and taking cool baths can help the itchiness.

Erythema Multiforme

Erythema multiforme (EM) looks like hives and can be caused by the same things. It can also be caused by infections. This is a different type of allergic reaction. It usually migrates around the body (looks different every day). The spots are darker and can have ring shapes (known as targets). There can be arthritis (joint swelling and pain) of the hands and feet. This all goes away by itself, but it takes 2 to 3 weeks. The EM rash does not go away with antihistamine medicines (eg, Benadryl). This often tells us that the rash is EM and not hives.

Home Care:

1. Antihistamine medicines (eg, Benadryl) can help with itching, but they do not help the rash.
2. Calamine lotion might help with itching.
3. Steroid medicines do not help.
4. If the cause can be determined, avoid this.
5. Applying cool compresses and taking cool baths can help.

See your doctor for a recheck visit tomorrow or as soon as possible if not better.

Call your doctor or return to the emergency department if worse or:

1. Fever occurs.
2. Difficulty breathing or wheezing occurs.
3. Chest or throat tightness occurs.
4. Swelling of the lips or tongue occurs.
5. Difficulty swallowing or speaking occurs.
6. Vomiting or abdominal pain occurs.

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Nosebleeds (Epistaxis)

Nosebleeds are common. They are usually caused by dryness inside the nose along with irritation from rubbing, picking, or cold symptoms. Nosebleeds can also be caused by an injury, dry climate, medications, or an object in the nostrils.

Nosebleeds are generally harmless and most will stop by gently pinching the nostrils for 10 to 20 minutes. Sometimes a nosebleed needs additional treatment, such as filling the nose with gauze or a balloon to stop the bleeding. Rarely, nosebleeds that last for a long time are caused by a problem with the blood clotting system.

Home Care:

1. If bleeding starts, gently pinch the front half of the nose for 10 to 20 minutes.
2. Don't blow your nose for 12 hours after the nosebleed stops.
3. If the inside of the nose is dry, coat the inside of the nose with petroleum jelly (Vaseline).
4. If a balloon or gauze packing is placed, it should be removed by the doctor in 1 or 2 days.
5. Do not take ibuprofen (Motrin, Advil), naproxen (Aleve), or aspirin because these medicines make you bruise and bleed more easily.

See your doctor for a recheck visit tomorrow or as soon as possible if not better.

Call your doctor or return to the emergency department if worse or:

1. The bleeding lasts for more than 20 minutes.
2. There is bleeding (eg, in the mouth) or bruising on other parts of the body.
3. Pale color occurs.
4. Fever occurs.
5. Weakness, dizziness, lightheadedness, or passing out occurs.
6. Vomiting blood occurs more than once.

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Lab Cultures: Please Check Results

The doctor has ordered a test to find out whether there are bacteria (germs) in a test sample. This test is called a culture. Cultures of a sample (usually blood, urine, or a throat swab) must incubate (grow) in the lab for 2 or 3 days (or longer). During this time, the lab is looking for the growth of bacteria (germs) from the sample to find out what type of infection you have. This test is necessary because most bacterial infections cannot be determined right away and it helps determine what medicines your child needs.

You must check the lab culture:

1. If your culture grows some bacteria (germs), the lab or the emergency department is supposed to call you or your doctor. Because no system is perfect, we recommend that you check the culture result through your doctor's office (please double-check). Culture results are kept in the lab, medical records, and the hospital's computer system.
2. Ask the nurse or receptionist at your doctor's office to call our lab to check your culture results. Your doctor's office can keep you informed of the status of the culture.
3. If you don't have a doctor, then you should make an appointment tomorrow to see the doctor of your choice or call the emergency department for your culture result.
4. If the culture result is negative (the culture grows no bacteria), that's good news. However, if the culture grows bacteria, this might be from a serious infection. Please be sure to check the culture result with your doctor.
5. If a culture grows bacteria, a second test is usually done in the lab to determine which antibiotic will kill the bacteria. If you are already taking antibiotics, make sure that this second test confirms that the antibiotic is one that will work.

See your doctor for a recheck visit tomorrow or as soon as possible if not better.

Call your doctor or return to the emergency department if worse.

Ask the emergency department doctor or nurse which of these cultures to check:

- Throat culture (for strep throat, takes 1 to 2 days)
- Blood culture (very important, 1 to 3 days)
- Urine (1 to 2 days)
- Stool (diarrhea)
- Wound/pus
- Other: _____

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Seizure (Convulsion)

There are different types of seizures. Sometimes it is a blank stare or passing out. Sometimes the body becomes stiff or limp. Sometimes there is body jerking and eye twitching. After a seizure, it is common to be sleepy or confused.

Children with seizures should never be left unattended near water, such as a pool or bathtub. Teenagers should not drive until approved by a doctor.

Tests that are sometimes performed for seizures:

1. Blood tests: Can find abnormalities with blood sugar and salts (sodium) levels that can cause a seizure.
2. Brain imaging: CT and MRI can be performed to look inside the brain. CT is fast and easy to perform, but it has a high level of radiation. MRI has no radiation, but it has a high magnet strength, is slow, and often requires sedation for children.
3. EEG (Electroencephalography): Wires are glued to the scalp to measure the brain waves to determine whether a seizure pattern is present. This test is usually performed later.

Treatment for seizures: Antiseizure medicines are prescribed if there is more than 1 seizure or the EEG reveals a seizure pattern.

See your doctor for a recheck visit tomorrow or as soon as possible for more testing to find out whether seizure medicine needs to be taken.

If a seizure occurs:

1. Stay calm.
2. Turn the head and body to the side to allow vomit or saliva to run out of the mouth.
3. Never put anything in the mouth to force it open during a seizure. It is impossible to swallow the tongue during a seizure.
4. Loosen any tight clothing.
5. Try to notice what happens during the seizure and how long it lasts.
6. Call your physician after the seizure.

Call 911 if:

1. The seizure is lasting longer than 3 minutes.
2. There is a blue or pale color.
3. Trouble breathing or poor breathing occurs.
4. Your child is still very sleepy 30 minutes after the seizure.

Call your doctor or return to the emergency department if worse or any concerns.

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Sore Throat (Pharyngitis)

A sore throat can be caused by an infection from a virus or bacteria. Sore throat can also be caused by postnasal drip, allergies, and exposure to smoke. The doctor will sometimes test the throat with a swab looking for strep bacteria (“strep throat”). A sore throat caused by strep will require treatment with an antibiotic. Even if children start feeling better in 24 to 48 hours, complete the entire antibiotic duration recommended by your doctor. A viral sore throat lasts 3 to 4 days and cannot be treated by antibiotics. One type of sore throat virus, infectious mononucleosis (“mono”), can last for 3 weeks in older children. The germs that cause these infections are contagious and can be spread by coughing or sharing drinks or utensils.

Home Care:

1. Give fluids to prevent dehydration.
2. Try vanilla ice cream to improve eating/drinking. This is cold, is soothing, and tastes good.
3. Give acetaminophen (paracetamol, Tylenol) or ibuprofen (Motrin, Advil) for fever or pain.

See your doctor for a recheck visit tomorrow or as soon as possible if not better.

Call your doctor or return to the emergency department if worse or:

1. Drooling or difficulty swallowing occurs.
2. Stiff or swollen neck occurs.
3. Difficulty breathing occurs.
4. Prescribed medicines can't be taken.
5. Rash or swelling occurs after starting use of a new medicine.
6. Fever lasts for more than 2 days.
7. Your child is too sleepy or weak.

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Upper Respiratory Infection (Common Cold)

An upper respiratory infection or cold is a viral infection of the nose and throat. It can cause cough, congestion, runny nose, sore throat, and fever. Colds are contagious. Fever medicines can help reduce fever and pain, but the virus cannot be cured by an antibiotic, and cold medicines do not help. The body's immune system will fight off the virus. The cold usually improves in 3 to 7 days, but children can cough for several weeks.

Home Care:

1. No change in diet.
2. Encourage fluids, but do not give plain water to infants younger than 6 months.
3. You might use a cool mist humidifier/vaporizer in your child's room if the air is dry.
4. Sleeping in a more upright position can be helpful. Use a car seat or stroller for infants. Use a large cushion for children.
5. For infants, the nose can be cleared by using saline nose drops and suctioning with nasal bulb suction. Frequent suctioning can be irritating to infants and is best performed before feedings.
6. You can use acetaminophen (paracetamol, Tylenol) for fever or sore throat.

See your doctor for a recheck visit tomorrow or as soon as possible if not better.

Call your doctor or return to the emergency department if worse or:

1. Breathing trouble occurs.
2. Color is pale, bluish, or gray.
3. Child is weak or too sleepy.
4. No urination occurs in 12 hours.
5. Fever lasts for more than 2 days.

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Urine Infection (Urinary Tract Infection)

A urinary tract infection (UTI) is an infection of the bladder or kidneys. It can cause fever, abdominal pain, back pain, vomiting, and painful or frequent urination. Infants with a UTI might only have fever. A UTI requires treatment with antibiotics.

Urine tests are often, but not always, performed:

1. Urine dipstick or lab urine testing: Quick test that tells us most of the time whether a urine infection is present.
2. Urine culture: The urine is held in the lab for 2 days to see whether it grows any germs. This is a slow test, but it tells us which germ is causing the infection and whether the germ can be treated with the antibiotic that is prescribed.

Home Care:

1. Be sure to finish taking all the antibiotics prescribed.
2. Some children might need further testing of the bladder and kidneys.
3. Encourage fluids.
4. If a urine culture is performed, call your doctor's office in 2 days for the results to confirm that the antibiotic is treating the UTI well.
5. Some approaches to preventing urine infections are:
 - a. Drinking more fluids.
 - b. Avoid bubble baths, which might cause painful urination.
 - c. Encouraging females to wipe with toilet paper from front to back.

See your doctor for a recheck visit tomorrow or as soon as possible if not better.

Call your doctor or return to the emergency department if worse or:

1. Fever lasts for more than 2 days while taking the antibiotic.
2. Patient is not able to take or hold down the antibiotic.
3. Rash or swelling occurs after starting use of the antibiotic.
4. Back pain, fever, or chills occur.
5. Patient appears more ill.

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Vomiting and Diarrhea

Vomiting and diarrhea are caused by germs (virus or bacteria) that infect the intestines (guts). The intestines don't work well, causing fluid to back-up (vomiting) and leak into the intestines (diarrhea). People call this "stomach flu" when it is caused by a virus (such as rotavirus and norovirus). Diarrhea can also be caused by bacteria, such as salmonella, or by parasites. Food poisoning and medicines can cause diarrhea and vomiting. Antibiotics (medications that kill bacteria) do not kill viruses. Antibiotics can make the diarrhea worse.

Vomiting medicines can be used, but national pediatric organizations currently do not recommend medicine for diarrhea.

Home Care:

1. Give fluids to prevent dehydration.
2. Infants can be fed breast milk, electrolyte solution (Pedialyte and other brands), and formula. Special formulas for diarrhea can be tried. Cereal and low-fat baby foods can be given to older infants.
3. Older children can be on a low-fat diet with increases in fluids, such as sports drinks, gelatin, and low-fat soups, to prevent dehydration.
4. Other suggestions include chicken noodle soup, ramen, rice, bread, crackers, cereal, yogurt, bananas, and applesauce.
5. High-sugar foods and drinks (soda and juice) can worsen diarrhea. Fatty and fried foods can worsen diarrhea.
6. Do not give plain water by itself, but it is OK if given with other foods that have some salt and sugar.

For vomiting:

The key is to give small amounts at a time. Because the stomach is upset, it will vomit when it fills. Prevent this by giving only 1 inch (3 cm) in a cup at a time. Wait 10 to 15 minutes then give another small amount. This will keep the stomach empty, so the child is less likely to vomit. If your child does not vomit after this, you can slowly increase the amount in the cup each time. Medicines to stop vomiting can help.

See your doctor for a recheck visit tomorrow or as soon as possible.

Call your doctor or return to the emergency department if worse or:

1. Fever (temperature greater than 102°F [39°C]) occurs.
2. There is blood in the stool (poop) or diarrhea or if the stool (poop) is black.
3. Lots of diarrhea occurs.
4. Lots of vomiting occurs or the vomit is bloody or green or looks like chocolate or coffee.
5. The belly looks very full or big.
6. Symptoms of dehydration occurs (eg, inside of the mouth looks sticky, urinating less, weakness, tiredness, pale color, eyes look hollow or sunken).
7. Abdominal pain is worse.

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Wound Care

Good wound care and follow-up are essential for proper healing, less scarring, and prevention of infection. The greatest risk of infection occurs with deep puncture wounds, splinters, or debris remaining in the wound that cannot be easily found and in patients with diabetes or a weakened immune system. Depending on the type of wound, the emergency department physician might have prescribed an antibiotic. Check the wound every day for signs of infection.

Home Care:

1. Stitches (sutures) or staples that require removal: It is acceptable to wash gently today. After this, keep it clean and dry. Apply antibiotic ointment and a bandage twice a day. Stitches/staples on the face/head should be removed in about 5 to 9 days. Stitches/staples on the arms/legs should be removed in about 9 to 12 days. This can be done in your doctor's office.
2. Stitches (sutures) that will dissolve on their own: It is OK to wash today. After this, keep it clean and dry. Apply antibiotic ointment and a bandage twice a day. Stitches should fall out on their own.
3. Wound closing glue: Keep this dry and do NOT apply ointment. Cover with a bandage and change this daily. After 1 week, wash gently. The glue patch will gradually come off.
4. Wound closing tape: Keep this dry and do not apply ointment. Allow the tape to loosen on its own. Cut the edges of the tape that begin to peel off. Tape usually stays on for about 7 days.
5. Wound that will heal on its own: Wash daily with soap and water. Do not use alcohol or iodine solution. Apply antibiotic ointment and a bandage twice a day.
6. Mouth wounds: Perform normal mouth care. Vanilla ice cream is cool and soothing. Small amounts of a numbing medicine such as Anbesol baby gel can help.

See your doctor for a wound recheck if there is any question of infection or if not better.

Call your doctor or return to the emergency department if worse or:

1. The wound opens or bleeds
2. Wound redness, swelling, or pus drainage occurs.
3. Fever occurs.
4. Pain worsens.

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X-rays: Double-checking X-ray Readings

1. The emergency physician has read your X-ray.
2. Large abnormalities requiring urgent care are generally obvious, and the emergency physician is able to find most of these problems on an X-ray. However, the emergency department physician is not a specialist in radiology.
3. To be careful, we will have the hospital radiologist (X-ray specialist) read your X-ray on the morning of the next working day. If there is an important difference in the X-ray reading, we will try to call you or your doctor. However, we aren't always successful in reaching you, so please double-check by calling your doctor's office to find out the final result of your X-ray reading by the radiologist. If you call the hospital X-ray department directly, you will not receive the reading over the phone. It must be given through your doctor's office staff, who can call the X-ray department for you.
4. When you call your doctor or your doctor's office staff, tell him/her that you came to the emergency department where some X-rays were taken, and you were told to call your doctor to double-check the X-ray reading with the hospital's radiologist. The most common things that are missed are tiny fractures (cracks, chips, or hairlines) and small areas of infection (bronchitis, pneumonia, or bone infection).
5. To be sure that these problems are not there, you must contact your physician so that you will receive the proper care for this condition.

See your doctor for a recheck visit tomorrow or as soon as possible if not better.

Call your doctor or return to the emergency department if worse.