

AFTER VISIT SUMMARY

Jim Bell MRN: 11689815

📅 4/16/2024 📍 Allegheny General Hospital Emergency Department 412-359-6840

Legal Name: James Bell

Instructions

You were evaluated in the emergency department for Taser injury and facial laceration

No advanced testing or imaging was performed. The Taser lead was removed and the laceration was repaired with skin glue.

Please schedule and appointment with your PCP to be reevaluated to make sure that you are getting better in 3-5 days. If you don't have a primary care provider, please call 412-DOCTORS (412-362-8677) to set up an appointment with a PCP.

If you develop new or worsening symptoms including: fever, chills, chest pain, shortness of breath, lightheadedness, dizziness, numbness/weakness, abdominal pain, severe vomiting/diarrhea, you are unable to drink fluids, changes in your bathroom habits, any other problem that is concerning to you please call your doctor or return to the nearest emergency department immediately.



Read the attached information

1. Electric Shock Injury (English)
2. Nonsutured Laceration Care (English)

Today's Visit (continued)



Discharge patient



Blood Pressure
140/87



BMI
21.70



Weight
160 lb (72.6 kg)



Height
6' (1.829 m)



Temperature
(Tympanic)
97.9 °F



Pulse
120



Respiration
18



Oxygen Saturation
98%

What's Next

You currently have no upcoming appointments scheduled.

Question about your upcoming appointment? Call 412-DOCTORS (362-8677)

Please see your primary care physician/follow-up provider for re-evaluation within 4 days after your ED visit, unless instructed to do so sooner. If you are getting worse, return to the Emergency Department immediately.

Real support for the challenges of real life.

The AHN Community Support Platform can assist you in connecting with social programs based on your unique needs and locations.

Our free anonymous search feature can help you with: Food, Housing, Transportation, Goods, Education, Legal Assistance, Finances, Health Care, and Work.



Connect with resources in your community by visiting
AHNCommunitySupport.com and entering your ZIP code.

Continue all medications until directed to stop.

Taking your medicine as prescribed is important for managing chronic conditions, treating temporary conditions, and your overall long-term health. Please carry a current medication list with you in the event of an emergency and be sure to keep your healthcare providers informed if you have discontinued, changed doses, or added medication to your prescription regimen.

Your Medication List

ASK your doctor about these medications



clonazepam 0.5 mg tablet
Commonly known as: Klonopin



dexmethylphenidate 30 mg 24 hr capsule
Commonly known as: FOCALIN XR



escitalopram oxalate 20 mg tablet
Commonly known as: LEXAPRO



lamiotrigine 200 mg tablet
Commonly known as: Lamictal



levothyroxine 88 mcg tablet
Commonly known as: SYNTHROID



lisinopril 20 mg tablet
Commonly known as: PRINIVIL, ZESTRIL



pantoprazole 20 mg tablet
Commonly known as: PROTONIX



Truvada 200-300 mg per tablet
Generic drug: emtricitabine-tenofovir disoproxil fumarate

MyChart

Download the MyChart mobile app for your smartphone or tablet! You can use the app to view your test results, send messages to your doctor, prescription renewals, pay bills, and more.

Plan ahead - make sure you can access us electronically. Video Visits are part of AHN's proactive approach with virtual care to provide care through the COVID-19 outbreak and a way to meet with a medical professional so you don't have to leave the house whenever you are sick.

Note: Provider's notes and test results will be released to your MyChart account as soon as they are finalized. If there are unexpected findings, your provider's office usually contacts you within the next business day. Routine findings will be discussed at your next appointment.

Please call **911** for medical emergencies as MyChart is NOT to be used for urgent needs.

Caring People, Caring for You

We want to improve, and you can help. You may receive a survey from Press Ganey asking about your visit. Please complete the survey and we will use your feedback to make improvements.

Electric Shock Injury

An electric shock can happen when a person comes in contact with a source of electricity. When electricity passes through the body (*electric shock*), it can damage the skin and internal organs. A strong (*high voltage*) electric shock can harm the heart, muscles, and brain.

The severity of an electric shock injury depends on several factors, such as the voltage, the type of current, and the amount of time the person was in contact with the electricity. Most electric shock injuries that cause serious damage to the body are from a shock that is greater than 600 volts. However, just 50 volts of electricity may be enough to disrupt the heart's rhythm.

What are the causes?

Common causes of this condition include:

- Contact with electricity from wires or appliances in the home. Household electricity usually ranges from 110–240 volts of alternating current.
- A child chewing and biting electric cords or playing with electric outlets.
- Getting hit by lightning.
- Having a workplace injury.
- Injury from a high-voltage power line. A high-tension wire may be 100,000 volts or more.

What are the signs or symptoms?

Symptoms of this condition include:

- Tingling and numbness.
- Skin burns (*thermal burns*).
- Head injury.
- Very fast or irregular heartbeat (*palpitations*).
- Trouble breathing, hearing, seeing, or swallowing.
- A seizure.
- Loss of consciousness.

How is this diagnosed?

This condition is diagnosed based on:

- Your symptoms.
- Your history of receiving a shock.
- A physical exam.
- Tests to determine how badly you have been injured. You may have:
 - Blood tests to check:
 - Your blood cell counts (CBC).
 - Minerals in your blood (*electrolyte panel*).

- For any muscle or kidney damage.
- The oxygen level of your blood.
- Electrocardiogram (ECG) to evaluate heart function.
- Urine tests to check for muscle enzymes. This would show damage to the muscles.
- Imaging studies, including:
 - X-rays of your chest, spine, or both.
 - Ultrasound.
 - CT scan.

How is this treated?

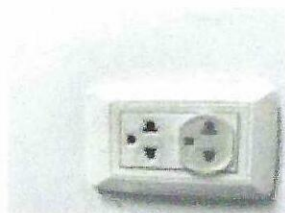
Treatment for electric shock injuries depends on the type of injury you have. Emergency treatment may include:

- Getting fluids and medicines through an IV to support blood pressure.
- Having oxygen and breathing support, if needed.
- Receiving treatment for burns, broken bones, or head injuries.
- Keeping the neck and spine from moving if there are signs of a broken bone (*fracture*) in the spine.
- Developing a long-term treatment plan, which may include surgery to treat broken bones or severe burns.

Follow these instructions at home:

- Take over-the-counter and prescription medicines only as told by your health care provider.
- Ask your health care provider if the medicine prescribed to you requires you to avoid driving or using machinery.
- Follow instructions from your health care provider about how to take care of your wound. Make sure you:
 - Wash your hands with soap and water for at least 20 seconds before 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.
- Keep all follow-up visits. This is important.

How is this prevented?



To prevent electric shock injuries in the future:

- Follow the manufacturer's instructions and precautions when using an electric appliance.
- Make sure the power is off before you work on electrical appliances.
- Always wear protective gear such as rubber gloves when you work with electrical wires.
- **Do not** touch wet surfaces, faucets, or water pipes while using an electric appliance.
- Keep electrical appliances away from the tub or shower.
- Keep electric cords out of the reach of children. Use safety plugs in electric outlets.
- During a thunderstorm, take safety precautions. Lightning can travel through water, electrical systems, metal wires, and plumbing.
 - **Do not** use electrical equipment such as corded phones and computers if you are indoors. Stay away from windows, doors, and plumbing.
 - If you are outdoors, find shelter right away in a building or a closed vehicle. **Do not** stand under a tree.

Contact a health care provider if:

- You develop new symptoms.
- Your symptoms change or get worse.

Get help right away if:

- You had a seizure, or someone else saw you having a seizure.
- You have chest pain.
- You have trouble breathing.

These symptoms may be an emergency. Get help right away. Call 911.

- **Do not wait to see if the symptoms will go away.**
- **Do not drive yourself to the hospital.**

Summary

- When electricity passes through your body, it can damage your skin and internal organs.
- You may have a variety of tests to determine how badly you have been injured.
- Treatment depends on the type of injury you have. You may need emergency treatment.

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.

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Nonsutured Laceration Care

A laceration is a cut that may go through all layers of the skin and into the tissue that is right under the skin.

A laceration is usually stitched up (*sutured*) or closed with adhesive strips or skin glue shortly after the injury happens. However, if the wound is dirty or if several hours pass before medical treatment is provided, it is likely that bacteria will enter the wound. Closing a laceration after bacteria have entered it increases the risk for infection. In these cases, your health care provider may leave the laceration open (*nonsutured*) and cover it with a bandage (*dressing*). This type of treatment helps prevent infection and allows the wound to heal from the deepest layer of tissue damage up to the surface.

Nonsutured healing is also known as secondary wound healing. This is more common for wounds that involve loss of tissue, are irregular in shape and size, or are on surfaces of the body where movement makes sutures or other closure methods impossible.

How to care for your nonsutured laceration



Normal
wound

Infected
wound

Follow instructions from your health care provider about how to take care of your wound.

- Keep the wound clean and dry.
- Change any dressings as told by your health care provider. This includes changing the dressing when it starts to smell, or when it gets wet or dirty.
- Clean the wound one time each day, or as often as told by your health care provider. To clean your wound:
 1. Wash your hands with soap and water for at least 20 seconds before and after touching your wound or changing your dressing. If soap and water are not available, use hand sanitizer.
 2. Remove any dressing as told by your health care provider.
 3. Clean the wound with water or irrigation solution as told by your health care provider.
 4. Pat the wound dry with a clean towel. **Do not** rub the wound.
 5. Apply a thin layer of antibiotic ointment or another topical ointment to the wound as told by your health care provider. This will prevent infection and keep the dressing from sticking to the wound.
 6. Apply a new dressing as told by your health care provider.
- 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.
- **Do not** take baths, swim, or do anything that puts your wound underwater until your health care provider approves.

- **Do not** scratch or pick at the wound.
- **Do not** use disinfectants or antiseptics, such as rubbing alcohol, to clean your wound unless told by your health care provider.

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, take or apply it as told by your health care provider. **Do not** stop using the antibiotic 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.

General instructions

- Avoid any activity that could cause your laceration to reopen.
- 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 pain is not controlled with medicine.
- 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 wood or glass.
- You notice a change in the color of your skin near your wound.
- You develop a new rash.
- You need to change the dressing often.
- You develop numbness around your wound.

Get help right away if:

- Your pain suddenly increases and is severe.
- You develop severe swelling around the 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.
- You have a red streak going away from your wound.
- You develop painful lumps near the wound or on skin anywhere else on your body.

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. It is usually closed with stitches, tape, or skin glue shortly after the injury happens.
- If a wound is dirty or if several hours pass before medical treatment is provided, the laceration may be kept open (*not sutured*) and covered with a bandage.
- Nonsutured laceration helps prevent infection and allows the wound to heal from the deepest layer of tissue damage up to the surface.
- Follow instructions from your health care provider about how to take care of your wound.

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.

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