



**Cellulitis**

**Customer Logo, name,  
Address, phone**

**DISCHARGE INSTRUCTIONS**

**DATE**

|                   |  |                      |  |
|-------------------|--|----------------------|--|
| <b>PATIENT</b>    |  | <b>PROVIDER</b>      |  |
| <b>ADDRESS</b>    |  | <b>ADDRESS</b>       |  |
| <b>CITY/STATE</b> |  | <b>CITY/STATE</b>    |  |
| <b>PHONE</b>      |  | <b>PHONE</b>         |  |
| <b>DOB</b>        |  | <b>FAX</b>           |  |
| <b>AGE</b>        |  | <b>INSURANCE CO.</b> |  |

**Diagnosis:**

**Information About Your Condition:**

Cellulitis

**Description:**

Cellulitis is a bacterial infection of the skin and the tissue under it. It usually begins as a small area of pain and redness on the skin. Cellulitis most often occurs on the face, arms, or legs, but it can happen anywhere. Cellulitis is usually worse for those who have less resistance to infection or in someone who has a weakened immune system. This is often because of chronic illnesses or disorders like diabetes.

**SYMPTOMS**

Symptoms of cellulitis may include:

- Swelling
- Tenderness or pain
- Skin that feels warmer than normal
- Red streaks from the wound or sore
- Pus-filled sores (abscesses)
- Swollen and tender lymph glands
- Fever
- Chills
- Headache

**CAUSES**

Cellulitis is caused by bacteria that enter the body through a cut or sore. Often the source is not known, probably because the cut or sore is too small to see.

**RESULTS OF TEST(S)** Results of some tests may be preliminary. If the final results are different, you will be notified.

**RADIOLOGY**

**LAB TESTS**

**TREATMENTS/PROCEDURES COMPLETED**

**MEDICINE(S) GIVEN**

| <u>MEDICINE</u> | <u>DOSAGE</u> | <u>DESIRED ACTION</u> | <u>OTHER COMMENTS</u> |
|-----------------|---------------|-----------------------|-----------------------|
|                 |               |                       |                       |

**MEDICINE(S) PRESCRIBED/RECOMMENDED**

- If you were given a prescription, get it filled right away. Take your medicines exactly as your provider tells you to. Do not increase how much or how often you use or take it without talking to your healthcare provider first.
- Many medicines may make you sleepy or lightheaded. You should not drive or make important decisions while you are taking these medicines.
- Do not share medicines with others.
- You should not take ibuprofen or naproxen if you have a history of bleeding in your stomach.
- Keep all medicines out of the reach of children.

| <u>MEDICINE</u> | <u>DOSAGE</u> | <u>FREQUENCY</u> | <u>DESIRED ACTION</u> | <u>OTHER COMMENTS</u> |
|-----------------|---------------|------------------|-----------------------|-----------------------|
|-----------------|---------------|------------------|-----------------------|-----------------------|

Your provider has recommended that you take medicines to:

Treat pain

Treat or prevent an infection

**WHAT YOU SHOULD DO AT HOME (Follow-up Care)**

- To care for the wound:
- Keep your wound clean.
  - If you are told to change your dressing on your wound, wash your hands before changing the dressing and after disposing of the dressing.
  - For the first one to two days keep the punctured area propped up higher than your heart. This will help lessen your pain and any swelling.
  - When you are cleaning the injured area look for signs of the infection getting worse, including: increased redness, swelling, pus, red streaks going from the wound toward your heart, and increased warmth in the area.
  - Put a warm (not hot) damp towel or washcloth on the area 4 to 6 times a day for 10 to 15 minutes.

**WHAT YOU CAN DO TO STAY HEALTHY**

- Clean cuts, abrasions, and other skin injuries thoroughly with antiseptic soap.
- Keep wounds and sores clean and protected with a bandage. Remember to change the bandage daily or sooner if it becomes dirty or wet.
- See your healthcare provider for treatment if a wound or sore shows signs of infection (redness, swelling, pain, drainage).
- If you have diabetes, follow your instructions for good skin care and keep your blood sugar under good control (within the recommended range).

**CARE ALERTS**

**Call 911 if you have new or worsening:**

**Do not drive yourself.**

**Call your healthcare provider right away or return to the emergency department if you have new or worsening:**

- Chills or sweats
- Fever higher than 101.5° F (38.6° C)
- Pain that is not well controlled with your medicine
- Redness, swelling, tenderness, or other signs of infection on your skin
- Weakness, numbness, tingling in the area
- Symptoms that worry you

**FOLLOW-UP CARE:**

- Contact your provider:**
  - Within \_\_\_ days for follow-up care
  - For referral to a specialist

**Provider:**  
**Address:**  
**City/State/Zip:**

Cellulitis

|   |               |
|---|---------------|
|   | <b>Phone:</b> |
| <input type="checkbox"/> <b>Contact a specialist within ___ days for follow-up care</b> |               |

|   |
|---|
| <b>Work/School Release:</b>   |
| <input type="checkbox"/> May return to normal activity immediately with no limitations.<br><input type="checkbox"/> Limit activity today, may return to normal activity tomorrow.<br><input type="checkbox"/> Limit activity for ___ days. Recommend re-check by doctor prior to return to normal activity.<br><input type="checkbox"/> May return to normal activity with the following limitations: |

|   |                      |
|---|----------------------|
| <b>Acknowledgement of Care:</b>   |                      |
| <p>I understand that I (or my child) have received emergency treatment only and follow-up is recommended with my physician or a specialist in the recommended timeframe. If my condition worsens, or new symptoms appear and I cannot contact a physician, I will call or return to this emergency room. My signature below indicates I have received this information and my questions have been answered. I have discussed any concerns with this plan with the nurse or physician. I acknowledge that I am leaving with all of my personal belongings.</p> |                      |
| <hr/> <b>Responsible Party</b>  | <hr/> <b>Witness</b> |
| <hr/> <b>Date</b>   | <hr/> <b>Date</b>    |