

- ST. JOSEPH MERCY HOSPITAL
- SAINT JOSEPH MERCY SALINE HOSPITAL
- SAINT JOSEPH MERCY LIVINGSTON HOSPITAL

Emergency Observation Center: Discharge Instructions

During your stay in the Emergency Observation Center, you had testing done to see if there is an obvious cause of your Transient Ischemic Attack or TIA (mini stroke). This testing may have included imaging of blood vessels or the heart. If an obvious cause is found, there are things we can do to help prevent recurrence of your mini strokes and development of a full stroke. However, many times a cause is not found. In these cases, a medication that makes the platelets less sticky and “thins the blood” may be prescribed to help prevent stroke. You have been evaluated by a neurologist who made recommendations about this. You can also help prevent future strokes by controlling any risk factors that you have (stop smoking, control diabetes, control high blood pressure, and cholesterol). It is very important that you follow up as directed.

If you develop a sudden return of your symptoms, such as numbness or weakness in part of your body, problems with balance or walking, or vision changes, return to the emergency department immediately.

Physician referral: _____ Call to be seen within 5 days.

Studies you had done were:

- | | | |
|---|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Carotid artery Duplex | <input type="checkbox"/> normal | <input type="checkbox"/> abnormal |
| <input type="checkbox"/> CT angiogram or MRA of the neck | <input type="checkbox"/> normal | <input type="checkbox"/> abnormal |
| <input type="checkbox"/> Transesophageal echocardiogram (TEE) | <input type="checkbox"/> normal | <input type="checkbox"/> abnormal |
| <input type="checkbox"/> Transthoracic echocardiogram (2D Echo) | <input type="checkbox"/> normal | <input type="checkbox"/> abnormal |

Medications:

New _____

Hold _____

Other _____

Activity: resume as tolerated
 limit activity _____

Return to work: without restriction on (date): _____
 with restriction on: _____

Diet: regular
 other _____

Additional instructions:

- Results of Lipid Profile provided _____ Results of Hemoglobin A1C provided (if drawn) _____
- TIA discharge information sheet provided/ reviewed with patient (Infonet) _____ (RN initial)
- Smoking cessation information provided if patient has smoked in the last year or is a current smoker _____ (RN initial)

Patient's Signature _____ Date _____

Nursing Signature _____ Date _____

Physician's Signature _____ Date _____