Follow-up Instructions for Sulfur Mustard

Keep this page and take it with you to your next appointment.

Follow **only** the instructions checked below.

- Call your doctor or the Emergency Department if you develop any unusual signs or symptoms within the next 24 hours, especially:
  - coughing, wheezing, shortness of breath, or discolored sputum
  - increased pain or discharge from injured eyes
  - increased redness, pain, or a pus-like discharge from injured skin
  - fever or chills

- □ No follow-up appointment is necessary unless you develop any of the symptoms listed above.

- □ Call for an appointment with Dr. _____________ in the practice of ___________________.
  When you call for your appointment, please say that you were treated in the Emergency Department at _____________ Hospital by _____________ and were advised to be seen again in ______ days.

- □ Return to the Emergency Department/Clinic on ___________ (date) at ___________ AM/PM for a follow-up examination.

- □ Do not perform vigorous physical activities for 1 to 2 days.

- □ You may resume everyday activities including driving and operating machinery.

- □ Do not return to work for _______ days.

- □ You may return to work on a limited basis. See instructions below.

- □ Avoid exposure to cigarette smoke for 72 hours; smoke may worsen the condition of your lungs.

- □ Avoid drinking alcoholic beverages for at least 24 hours; alcohol may worsen injury to your stomach or have other effects.

- □ Avoid taking the following medications: ________________________________
• You may continue taking the following medication(s) that your doctor(s) prescribed for you:
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

• Other instructions:
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

• Provide the Emergency Department with the name and the number of your primary care physician so that the ED can send him or her a record of your emergency department visit.

• You or your physician can get more information on the chemical by contacting:
  ____________________________ or ____________________________, or by checking out the following Internet Web sites: ________________________; _________________________.

Signature of patient ____________________________ Date _____________

Signature of physician ____________________________ Date _____________

Adapted from Medical Management Guidelines for Blister Agents: Sulfur Mustard Agent H or HD (C4H8Cl2S), Sulfur Mustard Agent HT (ATSDR/CDC)