

### Follow-up Instructions for Ammonia

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
  - difficulty breathing or shortness of breath
  - wheezing or high-pitched voice
  - chest pain or tightness
  - increased pain or a discharge from exposed eyes
  - increased redness or pain or a pus-like discharge in the area of a skin burn
  - stomach pain or vomiting
- 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:

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- Other instructions:

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- 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 Ammonia](#) (ATSDR/CDC)