Your pain management plan

Pain

Expected pain level: /10

Expected duration:

Signs for concern:

Recovery

Physical activities to do:

When to start:

Alternative pain management to use:

Medications

Name/Dose:

How often:

Side effects to watch for:

Emergencies

After hours phone number:

Weekend phone number:

My support team

Doctor: Phone:

Pharmacy: Phone:

Family/Friend: Phone: