

Pain Medicine Tracker

Use this sheet to track how much pain medicine you take during your recovery. Have someone you trust help you keep track of how many pain pills you take each day. Do not take any other medicine while you are taking your pain medicine unless your doctor says it's okay. Do not take more medicine than your doctor has prescribed, even if you still have some pain. If you still have a lot of pain even after taking your pain medicine, tell your doctor. **Tell your caregivers to CALL 911 if your breathing slows down or stops, or if they can't wake you up.**

Day, Date	Medicine	Dose, How often it can be taken	Time taken	When next dose can be taken	Pain level			
					Before			
Monday, 3/5/15	Example: Percocet	Dose: <u>5 mg (1 pill)</u> every <u>6</u> hours, only as needed	2:00 PM	8:00 PM	Before	<input type="checkbox"/> 😊	<input checked="" type="checkbox"/> 😐	<input type="checkbox"/> 😞
					After	<input checked="" type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞

Bring this sheet to all follow-up appointments with your doctor.

PAIN MEDICINE TRACKER

Day, Date	Medicine	Dose, How often it can be taken	Time taken	When next dose can be taken	Pain level					
					Before	<input type="checkbox"/> 😊	<input checked="" type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
Monday, 3/5/15	Example: Percocet	Dose: <u>5 mg (1 pill)</u> every <u>6</u> hours, only as needed	2:00 PM	8:00 PM	Before	<input type="checkbox"/> 😊	<input checked="" type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
					After	<input checked="" type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
		Dose: _____ every _____ hours			Before	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞
					After	<input type="checkbox"/> 😊	<input type="checkbox"/> 😐	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞	<input type="checkbox"/> 😞