



GUIDE



Pain management after surgery



The Ottawa Hospital | L'Hôpital
d'Ottawa



Disclaimer

This book has been developed as a general information guide for patients and family members at The Ottawa Hospital. It will give you information about pain, your rights and responsibilities as a patient and what to expect for pain assessment and management after surgery. It is not possible to cover all information related to pain management in this book. It should not be used in place of medical advice, instruction or treatment.

Please speak with your health care-provider for more information on specific treatments available for your situation.

Please read this guide before your surgery. Bring it to the hospital on the day of your surgery.

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Pain and you

At some point everyone has pain. You may have pain now, you may have had pain in the past and you may have pain after your surgery. Pain is a warning sign, it is the body's way of telling us that something is not right.

Pain is an unpleasant sensation associated with unpleasant emotions. It is complex, personal and based on factors including cultural, spiritual and past experience. Pain is like a puzzle, there are many parts. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery.



Pain can happen because of injury, a medical procedure, surgery, trauma, infection and cancer. It may involve muscles, skin, nerves, organs, joints or circulation. Pain from tissue injury and inflammation is called ***nociceptive*** and pain from injury to nerves, spinal cord or brain is called ***neuropathic***. Depending on the nature of the cause, pain can be now and again or constant. It can be short term (acute pain) or persistent, lasting months to years (chronic pain).

It is important to have effective pain relief after your surgery. Most pain can be managed but unmanaged pain can lead to a slower recovery from surgery. Unmanaged pain can lead to decreased activity, general weakness, problems with sleep, mood, relations, depression, fear, loss in overall quality of life and chronic pain. One in five Canadians suffer with chronic pain.

The Ottawa Hospital cares about pain relief. As a patient you have both rights and responsibilities in the assessment and management of your pain.

You have a right to:

- Talk about your pain experiences and have your pain properly assessed.
- Expect that your health-care team will help you to manage your pain or will ask an expert to help you if needed.

You have a responsibility to:

- Report your pain. You are the best person to describe your pain. If you are unable to speak for yourself, your family/friends who know you well, should be involved in your pain assessment.
- Understand how your pain will be managed.

Common reasons patients hesitate to report pain and use pain medicine are that they:

- Believe that pain is an expected part of illness, injury, or aging.
- Believe that doctors and nurses are too busy to take care of their pain.
- Believe that pain medicine cannot really control pain.
- Fear that pain may mean that their condition has worsened.
- Fear that if a strong medicine is used now, it will not work later if the pain worsens.
- Fear the side effects of pain medicine.
- Fear of addiction.
- Fear of NOT having their pain report taken seriously.
- Do not want to be thought of as “drug-seeking”.

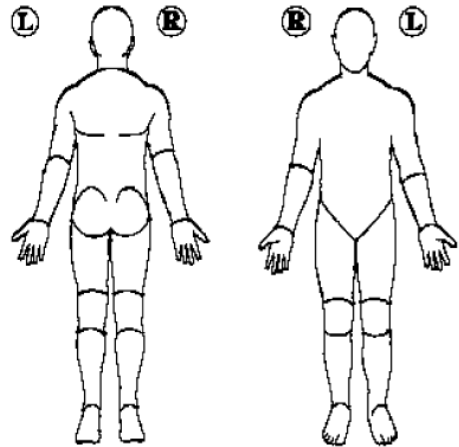
Effective pain management is everybody's responsibility—report your pain.

Describing your pain

When describing your pain, ask yourself the following questions:

Where is my pain?

- Is there more than one place where I am feeling pain?
- Does the pain move to any other area?
- How bad is the pain in each area?



What does my pain feel like?

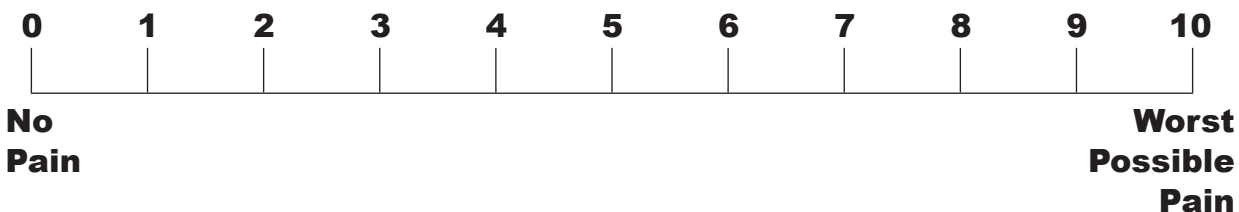
The words you use will help us to understand and treat your pain.

aching	excruciating	pins and needles	stabbing
burning	intermittent	pressure	tightness
constant	nagging	sharp	tingling
dull	penetrating	shooting	throbbing

How bad is my pain?

Rate your pain on a scale of 0 to 10 at rest (being still) and with activity (deep breathing, moving in bed, sitting, walking). A “0” means you have no pain, and a “10” describes the worst pain ever. The middle of the scale (around 5) describes moderate pain.

This scale tells us how bad your pain is at any point in time and to show the changes in your pain with your treatment plan.



This scale is available in many languages. Let us know what language is best for you.

There are other ways (tools) to assess pain for those who cannot speak about their pain. For example, newborns, cognitively impaired, those with life threatening illness. Your health-care team will use the tool that is best for you.

How does the pain affect me?

- Does the pain prevent me from doing my important activities such as sleeping, moving, walking, relating with others, enjoying life?

When did my pain start?

- How long does it usually last?
- How often does it occur? Is it constant or happening now and again?

What makes my pain better or worse?

- Do I have any relief with pain medicine or other methods such as massage, ice/heat, positioning?

Living with pain

If you have been living with pain you may find it helpful to keep a ***Pain Diary*** or use the ***Brief Pain Inventory***. These are like a survey that you or someone who knows you well could fill out. It will give the health-care team the information they need to help you, and will allow you to see if and how the pain management treatments are helping you. They are at the end of this book.

If you have pain when you come to hospital, fill out the Brief Pain Inventory.

Setting a goal

Set a goal for your pain management. Ask yourself what activities you need to do, then decide what pain rating will make it possible for you to do those activities. Your health-care team will work with you to manage your pain to help you reach your goal. After your surgery, your pain should be controlled enough that you can rest comfortably and that pain does not prevent you from deep breathing, coughing, turning, getting out of bed and walking.

Pain management: What are the options?

Pain is managed best when treated early and continuously. Pain is very individual. Your pain and pain management plan may be very different from others. Both medicine and non-medicine methods can be used to prevent and manage pain. Pain relief methods work by blocking pain messages or reducing their effects on the brain.

Before surgery, the anesthesiologist will discuss pain control methods with you. The methods used will be decided by you and your anesthesiologist. The decision also depends on the type of surgery, length of time in hospital and available resources.

Pain medicines

There are many pain medicines used to treat different types and levels of pain. The most common medicines used after surgery are:

- Acetaminophen (Tylenol)
- Non-steroidal anti-inflammatory drugs (NSAID's)
- Tramadol
- Opioids (oh'-pea-oyd)
- Other medicines (local anesthetics, anticonvulsants, antidepressants)

Acetaminophen (Tylenol) is used either alone for mild pain or with other pain medicine for moderate to severe pain. Tylenol is often the first step of the ladder in managing pain. After surgery, it can be taken by mouth or as a suppository every four or six hours. Tylenol can affect the liver if taken over a long period of time. Tell your doctor if you have liver problems. Talk to your doctor about the right dose for you.

Non-Steroidal Anti-Inflammatory Drugs (NSAID's) are also used as one of the first steps of the ladder in managing pain and may be used with other pain medicine for moderate to severe pain.

Examples of common NSAID's:

Generic name	Brand names
Celecoxib	Celebrex
Naproxen	Naprosyn, Aleve
Ibuprofen	Motrin, Advil
Meloxicam	Mobicox
Ketorolac	Toradol
Diclofenac	Voltaren

Depending on the type of NSAID, they may be taken by mouth, suppository or in a vein. Never take more than one type of NSAID at a time. They may affect the kidneys, stomach and increase the risk of bleeding. Talk to your doctor to see if there is a reason why you should not take an NSAID.

By taking Tylenol and an NSAID together as a foundation, these can give better pain relief with fewer side-effects. They should be started as the first steps in managing pain before stronger medicine is needed. They should be discontinued as the last steps.

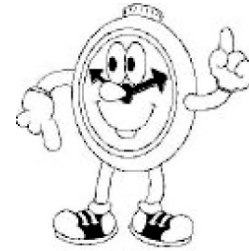
Tramadol is also used in addition to acetaminophen and NSAID before stronger medicine is needed. Tramadol is available in a short acting and long acting pill. It is available in combination with Acetaminophen known as Tramacet. It works in several ways. Tramadol may be taken with stronger opioids.

Opioid (oh'-pea-oyd) also called narcotics or pain killers are used for moderate to severe pain. They are often used in addition to Tylenol and NSAID. The most common way to take opioids is by mouth. Some are available as short acting (immediate release or breakthrough medicine) and some long acting (slow-release).

Short acting opioids last from two to six hours and are used for pain that occurs now and again. Some short acting opioids are combined with Acetaminophen. See * in opioid table.

After taking a short acting opioid, you should feel pain relief by:

- 60 minutes if taken by mouth
- 30 minutes if injected into tissue
- 10 minutes if injected into a vein



Long acting opioids or sustained release last 8 to 12 hours or longer. Never crush or chew long acting opioid, as this destroys the long lasting effect and may lead to release a greater than intended amount of opioid into your body at one time. Depending on the nature of your pain, you may be on a short acting opioid only or both because they work at different speeds. You and your doctor will decide which ones are right for you.

Examples of common opioids:

Generic name	Brand names	
	Short acting	Long acting
Hydromorphone	Dilaudid	Hydromorph Contin, Jurnista
Morphine	Statex	MS Contin, M-Eslon, Kadian
Oxycodone	Oxy IR, Oxycocet*, Percocet*, Percodan*, Supeudol, Endocet*	Oxycontin
Codeine	Tylenol # 3*	Codeine Contin
Tramadol	Tramacet*, Ultram	Ralivia, Tridural, Zytram XL
Fentanyl		Duragesic, Fentanyl Transdermal

Facts and myths

Myth: If I take opioids I will become addicted.

Fact: The chance of addiction is very low. Taking opioids for pain relief is not an addiction. People addicted to opioids crave the opioid and use it for reasons other than pain relief.

Myth: Opioids stops working if you take them over a long period of time.

Fact: Sometimes the body gets used to a certain medication. This is called tolerance. Changing the dose or the medication itself often solves the problem.

Keep on top of your pain—take your pain medicine when pain starts—don’t wait until pain becomes severe. Pain is harder to control when it gets out of control!

If you used opioids regularly before coming to hospital, it is important to continue with them while in hospital. They may also need to be adjusted.

Other medicines

Anticonvulsants (anti-seizure medicine) and **antidepressants** may also be used for pain that results from injury to nerves or when nerves are just overactive (neuropathic pain).

Examples of common anticonvulsants:

Generic name	Brand names
Carbamazepine	Tegretol
Gabapentin	Neurontin
Pregabalin	Lyrica

Examples of common antidepressants:

Generic name	Brand names
Amitriptyline	Elavil
Desipramine	Norpramin
Nortriptyline	Aventyl, Pamelor
Duloxetine	Cymbalta
Venlafaxine	Effexor

Local anesthetics are like the “freezing” or “numbing” injections you get at the dentist. This “freezing” medicine stop nerves from sending pain messages to your brain. They cause short term numbness to an area of your body. Examples include Lidocaine, Bupivacaine (Marcaine), Ropivacaine.

It is often necessary to use more than one type of pain medicine to give you the best pain management and reduce the side effects. Talk to your doctor about which medicines are right for you.

How are pain medicines given?

Depending on the type, severity of the pain and the medicine used, they may be given by:

- Mouth (tablets, capsules, liquids). This is the most common way.
- Injections or “shots” or “needle” into skin tissue or muscle.
- Injections into a vein through an intravenous (IV).
- Rectum as a suppository.
- Transdermal or skin patch (through the skin into the bloodstream).
- Injections close to nerves (nerve block), or as a spinal or epidural injection.



Side effects

You may have side effects from any of these medicines. Side effects usually can be controlled or resolved over time. Discuss any concerns with your doctor or nurse.

- You may experience nausea when starting to take stronger pain medicine such as opioids. This may go away after a few days; however you may need to take anti nausea medicine. Try flat gingerale or dry crackers. This may help.
- You may feel sleepy. This is a common effect of strong pain medicine. At the same time, pain uses up a lot of energy. Once your pain is managed, your body will be able to rest and you may feel sleepy for a few days.
- Constipation from opioids is common. Prevention is the best approach. Take plenty of water, raw fruits, vegetables and exercise. You may also need to take a laxative such as a combination of stool softener and stimulant laxative.

Report side effects such as:

nausea and or vomiting
itching
restlessness
muscle jerks

sleepiness
constipation
dizziness

visual or hearing problems
tingling around mouth
dry mouth

Methods of pain management with Acute Pain Service

Acute Pain Service

After your surgery, the Acute Pain Service (APS) may be involved with your pain management. The APS is made up of anesthesiologists and nurses who are specially trained to help manage pain. If you receive any of the following methods, the APS will see you each day until the method is no longer needed, you are taking pills by mouth and your pain is well managed.

Pain control methods after surgery by the Acute Pain Service include:

- IV PCA Spinal anesthetic Epidural Regional block By mouth

Intravenous patient controlled analgesia (IV PCA) pump

How does it work?

Patient controlled analgesia (PCA) is a form of pain relief which is controlled by you, the patient. With PCA, there is a pump with a handset that allows you to get pain medicine by pressing the blue button on the handset. The pump then gives you a small amount of medicine, for example, dilaudid or morphine through a small plastic tube (intravenous) in your vein. You will hear a low sounding bell when you press the button. The medicine works quickly and you should feel relief by ten minutes.



Key Messages

- Press the blue button as soon as the pain starts. Do not wait for the pain to become very severe.
- Press the button five minutes before you start your activity, or if you think your pain will worsen when you start walking or doing breathing exercises.
- Do not press the button if you feel sleepy or have nausea after each use.
- Do not press the button to help you to sleep. Ask your nurse for a sleeping pill.

Can I give myself too much pain medicine?

The pump will be set for a “lock out” which is usually five to ten minutes. This means that if you press the button during the lockout time, you will not get any medicine. A flashing green light above the blue button on the handset means that the medication is available. The

pump will also be set to allow for a limit of how much medicine you can get each hour. It is important that **only you** press the button when you need it. Do not allow family or friends to press the button for you.

With IV PCA, the pump will be attached to a movable IV pole. This allows you to get out of bed and walk. With IV PCA, the nurse will frequently check your pain pump, ask you about your pain relief and if you are having any side effects.

What are the side effects?

You may experience some side effects from the medicine. These are often mild and easy to treat.

Report any of the following:

unrelieved pain	nausea and or vomiting
itching	sleepiness
lightheadedness/dizziness	unusual thoughts such as hallucinations
tingling around mouth	

How long will I have PCA?

This depends on the type of surgery, how much pain medicine you need from the PCA, how comfortable you are with activity, whether you are able to take pain pills by mouth and when you will be going home. This can be from one to five days or more.

With PCA you will be given Tylenol and an NSAID on a regular basis unless contraindicated. When the PCA is no longer needed, you should continue to take the Tylenol and NSAID. Stronger pain medicine (opioid) will be available to take by mouth as needed. Take the opioid when the pain starts and as it worsens. Do not wait until the pain becomes severe as it will be much harder to get the pain under control.

Spinal anesthetic

How does it work?

Spinal anesthesia is used for acute pain with some surgeries, for example, surgery on hip, knee and lower abdomen.

With a spinal, the anesthesiologist places a small thin needle in your back and into the fluid that surrounds the spinal cord. A single dose of medicine is injected and then the needle removed.

The medicines used can be local anesthetic (freezing) and opioids. Both medicines work to block the pain messages to the brain. With local anesthetic, it is normal to feel numbness around your lower abdomen and legs. You will also not be able to move your legs. This can last up to four hours. With a long acting opioid like morphine, pain relief can be provided for up to 24 hours even though the effects of the local anesthetic have worn off.

Before your surgery, the anesthesiologist will discuss the procedure, risks and benefits with you.

After the spinal, your nurse will ask you about your pain relief, how well you can move your legs, check your breathing and ask about any side effects.

What are the side effects?

You may experience some side effects from the medicine. These are often mild and easy to treat.

Report any of the following:

unrelieved pain	sleepiness
nausea and or vomiting	lightheaded or dizziness
itching	headache

What happens when it wears off?

You will also be given Tylenol and an NSAID on a regular basis unless contraindicated. As the spinal wears off, you may experience more pain. Stronger pain medicine (opioid) will be available to take by mouth as needed. Take the opioid when the pain starts and as it worsens. Do not wait until the pain becomes severe as it will be much harder to get the pain under control.

Epidural analgesia

How does it work?

Epidural analgesia is used for acute pain with some surgeries and injuries, for example, chest surgery, bowel surgery, broken ribs. With an epidural, the anesthesiologist places a small plastic tube in your back and into the epidural space. This is a small space close to the spinal cord. The tube is taped to your back and covered with a dressing. The tube is attached to a pump with a bag of pain medicine. The pump sends the pain medicine on a constant basis. The medicines used can be local anesthetic (freezing) and opioids. Both medicines work to block the pain messages to the brain. It is normal to feel numbness around your incision when local anesthetic is used.

Before your surgery, the anesthesiologist will discuss the procedure, risks and benefits with you.

With epidural analgesia, the pump will be attached to a movable IV pole. This allows you to get out of bed and walk. With an epidural, your nurse will ask you about your pain relief, how well you can move your legs, check your blood pressure, side effects, and pain pump. If you have received local anesthetic (freezing), you be asked how well you feel a cold item like ice around and near your incision. Sometimes, instead of using cold, a “sharp” item may be used. This tells the nurse how well your epidural is working.

What are the side effects?

You may experience some side effects from the medicine. These are often mild and easy to treat.

Report any of the following:

unrelieved pain	nausea and or vomiting	sleepiness
itching	tingling around mouth	lightheaded or dizziness
ringing in the ears	sudden back pain	headache

heaviness or weakness in your legs, or cannot move one or both legs

How long will I have the Epidural?

This depends on the type of surgery, how comfortable you are with activity, whether you are able to take pain pills by mouth and when you will be going home. This is usually two to four days.

You will also be given Tylenol and an NSAID on a regular basis unless contraindicated. These should continue after the epidural is out. When it is time, the epidural will be slowly decreased and eventually removed. Stronger pain medicine (opioid) will be available to take by mouth as needed. Take the opioid when the pain starts and as it worsens. Do not wait until the pain becomes severe as it will be much harder to get the pain under control.

Nerve blocks

How does it work?

Nerve blocks are used to decrease pain during and after surgery and for some painful conditions. A nerve block involves using local anesthetic (freezing) in which the nerve or nerves to the shoulder, arm, leg, foot or trunk (chest and abdomen) are blocked. The local anesthetic stop nerves from sending pain messages to the brain. The key benefit is good

pain control, less need of the strong pain medicine (opioids), general well being and fewer side effects such as nausea, vomiting and sleepiness.

Nerve blocks can be a single dose or continuous (constant). Depending on the type of block, a single dose nerve block, can last 12 to 24 hours. With continuous nerve blocks, the anesthesiologist places a small plastic tube near the nerves to the affected area. The tube is taped to your skin and covered with a dressing. The tube is attached to a pump which will give you a constant flow of local anesthetic. The tube is usually in place two to three days.

Before your surgery, the anesthesiologist will discuss the type of nerve block, procedure, risk and benefits with you. If you are going home with a nerve block and pump on the same day as your surgery, you will receive specific instructions from your anesthesiologist.

How do I look after my numb part?

The affected part of the body where the nerves are blocked will feel numb. You will not have full control of the numb part. Support and protect your numb part to help prevent injury:

- Do not put extra pressure on the numb part.
- Do not drive a car while you have a numb arm, leg or foot.
- Do not handle anything hot or cold or carry anything if you have a numb arm.
- Use a sling if you have a nerve block in your arm. Make sure it is not too tight and prevent your arm from slipping out of the sling.
- Use a walker or crutches if you have a nerve block in your leg as your leg will be weak (not able to support your weight). Do not pivot on the blocked leg. There is a risk that you may fall, hurt yourself or others and may interfere with the surgical repair. Make sure you have another person for moving about for example, when you walk or go to the bathroom.

What are the side effects?

There is a very small risk of bruising, infection, reaction to the local anesthetic, or minor nerve irritation. If nerve irritation occurs, it usually feels like a patch of numbness or “pins and needles”. This usually resolves within one to four weeks after surgery.

If the nerve block works well it will block the nerves that transmit the pain but it also blocks the nerves that are involved in moving the limb, so your arm or leg will be heavy or difficult to move. After the local anesthetic is stopped, it may last for 12 to 24 hours and their effects will then wear off.

Specific types of nerve blocks and side effects

Type	Interscalene block	Infraclavicular block	Femoral block	Popliteal Fossa block	Transverse abdominus plain (TAP) block	Paravertebral
Area affected	shoulder, upper arm	lower arm, elbow, hand	thigh, knee	ankle, foot	abdomen: 1 or 2 sides	chest
Expected side effects	<ul style="list-style-type: none"> • Arm heaviness or weakness • Horseness of the voice (block of a vocal cords nerve) • Feeling of shortness of breath (block of half of the diaphragm) • Droopy eyelid (Horner's syndrome) 	<ul style="list-style-type: none"> • Arm heaviness or weakness 	<ul style="list-style-type: none"> • Leg heaviness or weakness 	<ul style="list-style-type: none"> • Foot heaviness or weakness 		

Report any of the following:

unrelieved pain	sleepiness	muscle jerks
ringing in the ears	tingling around mouth	twitching
metal taste in your mouth	slurred speech	

Constant numbness 24 hours after the single shot block or 24 hours after the continuous tube was removed.

How long will I have the Nerve Block?

This depends on the type of block done (single shot or continuous) and type of local anesthetic used. Your anesthesiologist will tell you when the block is expected to wear off.

You will also be given Tylenol and an NSAID on a regular basis unless contraindicated. As the nerve block wears off, you might begin to feel a temporary “pins and needles” sensation. You will also regain movement in the affected area. This means you should start to take the stronger pain medicine (opioid) by mouth as needed. This is in addition to the Tylenol and NSAID. Take the opioid when the pain starts and as it worsens. Do not wait until the pain becomes severe as it will be much harder to get the pain under control.

Sometimes it is necessary to use more than one type of pain method to give you the best pain management. For example, spinal and IV PCA or spinal and nerve block. Talk to your anesthesiologist and the Acute Pain Service about which methods are best for you.

Non-medicine methods

Non medicine methods can help relieve pain. Some of these include:

- meditation, relaxation, distraction with breathing and imagery techniques
- physical techniques such as massage, acupuncture, transcutaneous electrical nerve stimulation (TENS), positioning, movement, splinting, cold packs or warm packs.
- laughter, music
- prayer
- herbal medicine
- psychology

Relaxation can increase your comfort by calming your mind and muscles.

1. Get into a comfortable position. Breathe in slowly.
2. Breathe out slowly and feel yourself being to relax. Feel the tension leave your body.
3. Breath in and out, slowly and regularly, at whatever rate is comfortable for you.

Distraction:

Focussing your attention on something other than the pain can make you less aware of the pain. Distraction may work well while you are waiting for the pain medicine to take effect.

1. Concentrate on your breathing as described in the relaxation exercise above.
2. Close your eyes and focus on an object or a quiet place.



Heat packs cause blood vessels to widen and reduce the number of painful nerve impulses. It also relaxes muscles. In early stages of swelling or injury, heat may increase pain and swelling. Avoid heat for 48 hours after the time of injury, if there is bleeding and/or decreased feeling in the area.

Cold packs helps reduce swelling, relax muscles, and slow nerve transmission. This may make pain more bearable. Apply for 15 to 20 minutes at a time. Avoid cold on any area with poor circulation.

Massage can reduce pain by helping you to relax. It improves the circulation of blood and lymph, which helps to get rid of body wastes.

Prayer: Let us know if you would like to have someone with training in the spiritual aspect of pain visit you.

Your pain is personal to you. Tell us what works best for you to reduce your pain and help you achieve your goal. Members of the health-care team involved in your care will work with you to decide which ones are right for you to manage your pain. Pain management methods will be started after a complete assessment, discussion and depending on available resources.

Pain management experts are available at The Ottawa Hospital for complex situations, for increasing or unrelieved pain, pain after surgery, end-of- life care and for helping patients learn and adapt to living with pain.

The best pain management involves patients, families and health-care professionals working together. Effective pain management begins with the end goal in mind.

Going home

- Be sure you understand what pain medicines you will be taking when you are at home.
- Understand the plan for stopping the various pain medicines as you recover and your pain decreases.
- Remember that Tylenol and an NSAID should be started as the first step and should be discontinued as the last step in managing pain unless there is a reason you should not take these medicines.
- Take your stronger pain medicine (opioid) as prescribed and when the pain starts. Do not wait until the pain gets out of control, as it then becomes more difficult to gain control of the pain.
- Use the medicine only as directed by your doctor. Do not combine prescription medicine with street drugs or alcohol to get more pain relief. Do not borrow or lend medicine.
- Keep a daily record of your pain goal, experiences, and the medicines that you have taken. This will help you and your health-care professionals manage your pain. Use ***My Pain Diary*** or the ***Brief Pain Inventory***. See pages 21 to 24.
- Call your doctor if you feel you are still having too much pain even after you have taken the pain medicine or if you have unrelieved side effects. Be sure to tell the doctor what you are experiencing and what changes in your pain have occurred.

Patient Internet pain resources

- Action for People with Chronic Pain: <https://actionontario.ca/>
- Action for People with Neuropathic Pain: <https://actionontario.ca/>
- American Chronic Pain Association: <https://theacpa.org/>
- Arthritis Society of Canada: <http://arthritis.ca/>
- Canadian Pain Society: <http://www.canadianpainsociety.ca>
- Canadian Pain Coalition: <http://www.canadianpaincoalition.ca>
- Chronic Pain Association of Canada: <http://chronicpaincanada.com/>
- Geriatric Pain: <http://www.geriatricpain.org>
- International Association for Hospice and Palliative Care:
www.hospicecare.org
- International Association for Study Pain: www.iasp-pain.org
- Painexplained.ca – Getting Answers for Pain: <http://www.painexplained.ca>
- National Foundation for the Treatment of Pain (US): <http://www.paincare.org>

My Pain Diary / Assessment <i>(Use to describe your pain.)</i>									
	Example: June 6	Date	Date	Date	Date	Date	Date	Date	Date
My goal	Pain < 5 / 10 with walking								
Pain location 1	Right knee								
Pain intensity 1 0 to 10	least 2 / 10	least / 10	least / 10	least / 10	least / 10	least / 10	least / 10	least / 10	least / 10
	average 4 / 10	average / 10	average / 10	average / 10	average / 10	average / 10	average / 10	average / 10	average / 10
	most 7 / 10	most / 10	most / 10	most / 10	most / 10	most / 10	most / 10	most / 10	most / 10
Pain quality 1 (words to describe the pain)	Occasional, aching some burning								
Pain location 2									
Pain intensity 2 0 to 10	least / 10	least / 10	least / 10	least / 10	least / 10	least / 10	least / 10	least / 10	least / 10
	average / 10	average / 10	average / 10	average / 10	average / 10	average / 10	average / 10	average / 10	average / 10
	most / 10	most / 10	most / 10	most / 10	most / 10	most / 10	most / 10	most / 10	most / 10
Pain quality 2 (words to describe the pain)									
Satisfaction with pain management 0 to 10	7								
Pain location: knee stomach, belly, head									
Pain quality: burning, shooting, aching, stabbing, pressure, constant, occasional									
		Pain intensity (0 to 10) 0----1----2----3----4----5----6----7----8----9----10 No pain worst pain							
		Pain satisfaction (0 to 10) 0----1----2----3----4----5----6----7----8----9----10 Not satisfied Extremely satisfied							

My Pain Diary/Management Plan (Use to keep track of the medicines you take, side effects and amount of pain relief you get.)									
1. Fill in the name, amount and time for each treatment.		2. Fill in the date.		3. Cross-off the time when the medicine is taken.					
Example		Treatment	Date	Date	Date	Date	Date	Date	Date
Treatment	Date (April 8)								
Tylenol 500 mg every 6 hours	6 am 12 pm 6 pm 11 pm								
Celebrex 100 – 200 mg every 12 hours	6 am 6 pm								
Tramadol 50 mg every 6 hours	6 am 12 pm 6 pm 11 pm								
Dilaudid 1–2 mg every 4 hours as needed	1 mg @ 2 pm								
Ice for 15 min. every 6 hours as needed	10 am								
meditation									
Side effects		Side effects							
Pain relief with treatments	80%	Pain relief with treatments							
Side effects: nausea, vomiting, itchy, sleepy, dizzy, visual problems, confusion, sweating			Pain relief with plan (0% to 100%)			0----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 No relief Complete relief			



**BRIEF PAIN INVENTORY
 SELF REPORT**

The purpose of the questionnaire is to tell us about the severity of your pain and how the pain affects your day to day activities

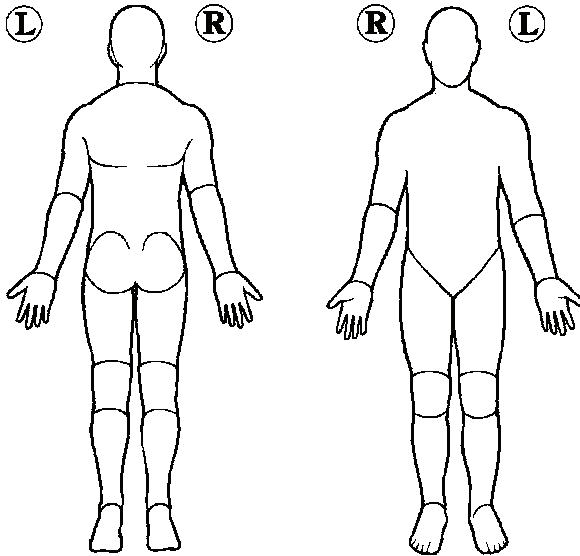
PAIN MANAGEMENT
 DAY CARE UNIT

Completed by: patient family/care giver
 SIGNATURE _____ DATE _____

1 Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?

yes no

2 On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



ADDITIONAL TOH ASSESSMENTS

Circle the words that best describe your pain.

- | | | |
|----------|-----------|--------------|
| tingling | cramping | exhausting |
| shooting | heavy | continuous |
| stabbing | aching | nagging |
| burning | throbbing | excruciating |
| deep | sharp | unbearable |
| numb | | |

3 Please rate your pain by circling the one number that best describes your pain at its **WORST in the past 24 hours.**

0 1 2 3 4 5 6 7 8 9 10
 No pain Pain as bad as you can imagine

4 Please rate your pain by circling the one number that best describes your pain at its **LEAST in the last 24 hours.**

0 1 2 3 4 5 6 7 8 9 10
 No pain Pain as bad as you can imagine

5 Please rate your pain by circling the one number that best describes your pain on **AVERAGE.**

0 1 2 3 4 5 6 7 8 9 10
 No pain Pain as bad as you can imagine

6 Please rate your pain by circling the one number that tells how much pain you have **RIGHT NOW.**

0 1 2 3 4 5 6 7 8 9 10
 No pain Pain as bad as you can imagine

