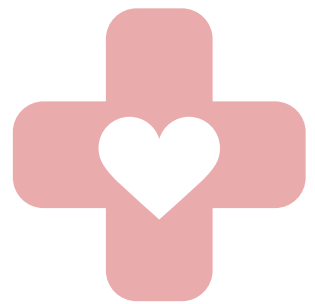


My Pain Management Plan

My needs for pain management may be different from other people's.

Please learn about any medications I may be taking and understand how they may affect the type of pain relief I need.

Higher doses of opioids may be required to appropriately manage my pain.



My medications:

My goals for pain management:

.....



Opioids ☐
are helpful.



I want to ☐
avoid opioids.



I'd like to talk ☐
about epidurals.



I'd like local ☐
anesthetic.



Offer me ☐
nitrous oxide gas.



Offer me ☐
lidocaine patches.



Offer me ☐
hot + cold packs



Offer ibuprofen ☐
+ acetaminophen.

.....

My providers
recommend:



Please take time to talk to me about pharmacological and non-pharmacological ways to manage pain. Help me find the solutions that are right for me.

I want to know
more about: