

Pain At Home: After Your Child's Orthopedic Operation

Pain Diary

Your Child's Weight: _____

Use this chart to keep track of your child's pain/spasms after their operation.

Date & time	Amount of pain	Spasms – yes/no/when	Type of medicine	Things you did that comforted	Amount of pain 1 hour later
	Is my child in pain? How much pain?	Is my child having spasms? When? Where do you notice these spasms?	List the type of medicine given & how much was given.	List the things that worked	Is my child still in pain? How much pain?
Last Dose of Medicine given in the hospital:					

*****If your child's pain/spasms are not relieved, contact your child's Orthopedic Surgeon/Doctor/Orthopedic Nurse Practitioner/Orthopedic Nurse Clinician*****

Orthopedic Surgeon: _____ Family Doctor/Pediatrician: _____

Phone Number: _____ Phone Number: _____