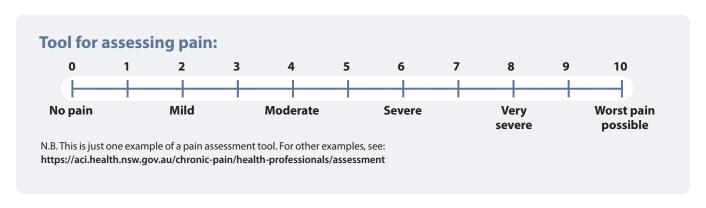


Pain management plan

Patient's name:			Date:	
Diagnosis/reason for p	pain:			
Medical practitioner's na	ame:			
Medical practitioner's contact de	tails:			
Medicines for managing	g pain			
Medicine	Strength	Dosing instructions	Other instructions or comments	
1.				
2.				
3.				
4.				
5.				
Other approaches to mar	nage pain (ot	her than medicine use)		
1.				
2				
3				
T•				



			Rev	iew
Treatment goals e.g. improvement in pain score (see below) or a functional goal such as being able to walk around the block	Review date i.e. timeframe to achieve treatment goal	Comments	⊘	8
1.				
2.				
3.				
4.				



not improving or gets worse between appo	pintments:



If an opioid has been prescribed:				
Plan to reduce and stop opioid use (e.g. instructions to lower the dose or switch to "as-needed" treatment after a specified time)				
Common adverse effects associated with opioid use:				
Feeling dizzy, tired or sleepy				
 Difficulty concentrating 				
 Nausea or vomiting 				
Bloating and constipation				
Slower or more difficult breathing				
Reduced heart rate or irregular rhythm				
Contact your doctor or call Healthline (0800 611 116) if you have concerning or unexpected symptoms				
and need medical advice				
Other notes:				
Date of next review:				

Adapted from: My pain management plan. National Prescribing Service (NPS). 2013. Available at: https://www.guild.org.au/__data/assets/pdf_file/0017/6209/patient-resource-my-pain-management-plan-nps-medicines-wise4e0a9a33c06d6d6b9691ff000026bd16.pdf (Accessed Dec, 2022)

