

## Post-Operative Pain Journal

The purpose of this journal is to keep track of the pain medications your child takes after surgery. Please record the **name of the medication** and the **number of doses** taken every time your child takes a medication. At the end of each week, add up the number of doses at the bottom of the "Total Opioid Doses" column.

We may contact you for a short survey on your child's pain in the weeks after surgery. The information we gather from this survey will help us improve how we manage children's pain after surgery. You are not required to participate in the survey. Your child's care will not be affected if you do not want to take part in the survey. If you do participate in the survey, your answers will be completely anonymous.

Days After Surgery	Opioid Medication <small>(Ex: oxycodone, hydrocodone, codeine)</small>				Total Opioid Doses	Over-the-counter Medication #1 <small>(Ex: Tylenol, ibuprofen, Motrin, Advil)</small>				Over-the Counter Medication #2 <small>(Ex: Tylenol, ibuprofen, Motrin, Advil)</small>			
	Medication & Dose: _____					Medication & Dose: _____				Medication & Dose: _____			
	Time	Dose(s)	Time	Dose(s)		Time	Dose(s)	Time	Dose(s)	Time	Dose(s)	Time	Dose(s)
Example	8am	1	8pm	1	3	10am	1	10pm	1	12pm	1		
Date: 03/06	2pm	1				4pm	1			6pm	1		
1													
Date:													
2													
Date:													
3													
Date:													
4													
Date:													
5													
Date:													
6													
Date:													
7													
Date:													
<b>Total Week 1 Opioid Doses</b>													

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Days After Surgery	Opioid Medication (Ex: oxycodone, hydrocodone, codeine)				Total Opioid Doses	Over-the-counter Medication #1 (Ex: Tylenol, ibuprofen, Motrin, Advil)				Over-the Counter Medication #2 (Ex: Tylenol, ibuprofen, Motrin, Advil)			
	Medication & Dose: _____					Medication & Dose: _____				Medication & Dose: _____			
	Time	Dose(s)	Time	Dose(s)		Time	Dose(s)	Time	Dose(s)	Time	Dose(s)	Time	Dose(s)
8													
Date:													
9													
Date:													
10													
Date:													
11													
Date:													
12													
Date:													
13													
Date:													
14													
Date:													

**Total Week 2  
Opioid Doses**

+=

Total Week 1 Opioid Doses
Total Week 2 Opioid Doses
Grand Total Opioid Doses

If you have any questions about this quality improvement project, please email us at [mopen-peds@umich.edu](mailto:mopen-peds@umich.edu). You can learn more about our group, the Michigan Opioid Prescribing Engagement Network (Michigan OPEN), at [www.michigan-open.org](http://www.michigan-open.org).