## ACTION PLANNING FOR HEALING AFTER SURGERY

Today's date:/	/(mm/dd/yy)		
Patient's name:			
Remember surgery in be painful. Healing takes time  How do you plan to care	Ask your provider what to expect for surgery and recovery e for pain after surgery?		ed with gement
□Over the counter medications □Ibuprofen (Motrin®) □Acetaminophen (Tylenol®)	☐ Physical Methods ☐ Hugs/Comfort ☐ Massage ☐ Heat ☐ Cold ☐ Gentle Exercise ☐ Relaxation ☐ Mindfulness ☐ Deep Breathing	☐ Distraction ☐ Art ☐ Books ☐ Games/play ☐ Music ☐ Special foods	□ Prescription medications such as opioids (only for procedures that may cause severe pain) □ I am willing to have an opioid prescription if offered □ I do not want an opioid prescription
Does the patient have any of the following? Sele  Chronic/ongoing pain Allergies to ibuprofen or acetaminophen Allergies to opioids Past use of opioids such as oxycodone or hydrocodone for pain		ct all that apply  Anxiety about surgery and pain General anxiety Depression Patient history of substance use Family history of substance use	
Additional comfort meas	sures and notes for the c	care team:	

To find more information about pediatric pain management, scan the QR code or visit

https://michigan-open.org/pediatrics/