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? | | d 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 |
| Do you have any of the | following? Select all that a | pply | |
| ☐ Chronic/ongoing pain ☐ Allergies to ibuprofen or acetaminophen ☐ Allergies to opioids ☐ Past use of opioids such as oxycodone or hydrocodone for pain | | ☐ 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 pain management, scan the QR code or visit https://michigan-open.org/pediatrics/. https://doi.org/10.56137/OPEN.000131

