

# Pain and Medication Discussion Sheet

The Heather Cutler Foundation · heathercutler.ca · Bring this sheet to appointments or keep it by the phone.

A place to record your team's instructions — not a tool for calculating or changing doses. If anything on this sheet and your team's advice differ, follow your team.

## My pain right now

|                                                             |  |
|-------------------------------------------------------------|--|
| Where the pain is                                           |  |
| What it feels like (aching, burning, shooting, pressure...) |  |
| Strength (0–10 if helpful)                                  |  |
| When it happens / what triggers it                          |  |
| What helps                                                  |  |
| Effect on sleep, eating, walking, daily life                |  |

## My medicines (as prescribed)

| Medicine name                          | Prescribed instructions | What it is for |
|----------------------------------------|-------------------------|----------------|
|                                        |                         |                |
|                                        |                         |                |
|                                        |                         |                |
| Breakthrough medicine & when to use it |                         |                |
| Bowel-management plan                  |                         |                |

## Side effects to discuss

## Who I contact

|                           |  |
|---------------------------|--|
| Daytime contact           |  |
| After-hours contact       |  |
| Pharmacy                  |  |
| Plan last reviewed (date) |  |

Call 9-1-1 if someone is very difficult to wake or has slow or difficult breathing after pain medicine. General information only — not medical advice.