

# ABDOMINAL SURGERY RECOVERY LOG

PATIENT NAME  
SURGERY DATE

<b>Date/Day</b>	<b>Pain (1-10)</b>	<b>Medications &amp; Time</b>	<b>Activity (Steps/Walks)</b>	<b>Notes (Incision, Appetite, BM)</b>
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Day ___	Low → High			
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Day ___	Low → High			
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Day ___	Low → High			
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Day ___	Low → High			
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## WEEKLY SUMMARY / QUESTIONS FOR SURGEON

Contact Surgeon Immediately if: Fever >101F, Redness/Pus at Incision, or Severe Sudden Pain.