

# SURGICAL RECOVERY MEDICATION LOG

Date: \_\_\_\_\_

PATIENT NAME

PROCEDURE

SURGEON/CONTACT

TIME	MEDICATION & DOSAGE	PURPOSE / INSTRUCTIONS	TAKEN	PAIN LEVEL (1-10)
06:00 AM		e.g., Take with food		
09:00 AM				
12:00 PM				
03:00 PM				
06:00 PM				
09:00 PM				
<b>As Needed</b>	(Breakthrough Pain)	Min. 4 hours apart		

## DAILY RECOVERY NOTES (TEMPERATURE, MOOD, APPETITE, INCISION APPEARANCE)

Contact emergency services immediately if you experience shortness of breath, chest pain, or excessive bleeding.