



# Desert Women's Care

## Analgesic Use Summary

Month / Year: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<u>Day of Month</u>	<u>Motrin 800 mg</u>	<u>Oxycodone 15 mg</u>	<u>Analgesic Cream</u>	<u>Category of Pain</u>	<u>Character of Pain</u>	<u>Change Factors</u>	<u>Average Pain Score</u>	<u>Notes</u>
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**Category of Pain**--1. Back pain; 2. Dysuria-- Painful urination; 3. Dyschezia-- Painful bowel movements; 4. Dyspareunia-- Painful intercourse; 5. Dysmenorrhea- Painful period; 6. Leg pain, 7. Musculo-Skeletal pain and 8. Central pelvic pain. **Character of Pain**-- A. Dull; B. Radiating; and C. Sharp. **Change Factors**-- 1. Diet; 2. Exercise; 3. Lack of sleep; 4. Physical work; 5. Stress; 6. Trauma; and 7. Vaginal coitus.



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17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTALS	mg / d	mg / d	uses /d					

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