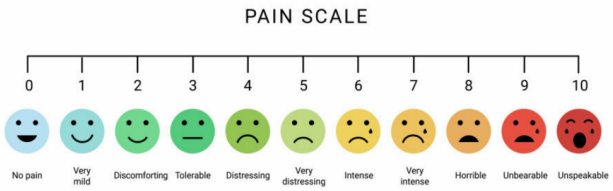
HOSPICE & BEYOND
PALLIATIVE CARE

PAIN LOG

Date	Time	Pain Location	Pain Scale (0-10)	Medication Taken (Y/N)	Pain Relief Measures	Outcome	Signature

Note: Record every pain observation and medication given. Include PRN (as needed) medications and the response/outcome.

Reference: Pain Scale Chart (0–10)



MEDICATION LOG

Date	Time	Medication Name	Dosage	Route	Purpose	Given By	Outcome/ Note	Signature