PAIN LOG

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

Reference: Pain Scale Chart (0–10)

PAIN SCALE

0 1 2 3 4 5 6 7 8 9 10

No pain Very mild Discomforting Tolerable Distressing Very distressing Intense Very intense Horrible Unbearable Unspeakable

HOSPICE & BEYOND
PALLIATIVE CARE

MEDICATION LOG

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