



Post Operative - Ward

Form no. 3

Patients Number

Patient's Surname

Patient's Given Name

Date of Birth

Address

Discharge Date

Post Operative Pain Score

Pain Score – 24 Hours

0 1 2 3 4 5 6 7 8 9 10

Pain Score – On Discharge

0 1 2 3 4 5 6 7 8 9 10

Narcotic Analgesic Injections No Within 24 Hours

Narcotic Analgesic Injections No After 24 Hours

Oral Analgesic

IV Antibiotics

Intra Operative

Post Operative

Oral Antibiotics

Post Operative

Body Habitus

Obese

Height

Cm

Weight

Kg

Study Form Completed

Yes

No