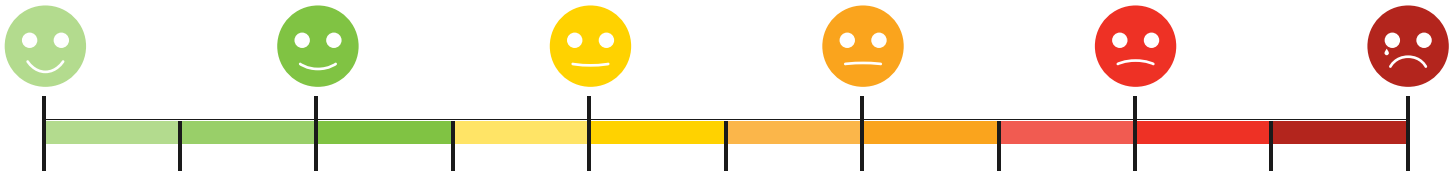
Pain Medication Chart

DATE	METHACARBAMOL	GABAPENTIN	IBU	TYLENOL	PAIN LEVEL (1-10)	OXYCODONE **(rescue only)**	DOCUSATE SODIUM	LAXATIVE OF CHOICE
	750 mg	300 mg	800 mg	1000 mg		5 mg	100 mg if taking oxycodone	as needed
	every 6 hours	every 8 hours	every 8 hours	every 8 hours		every 6 hours as needed	twice daily	
TIME								

DEFENSE AND VETERANS PAIN RATING SCALE



0	1	2	3	4	5	6	7	8	9	10
No pain	Hardly notice pain	Notice pain. Does not interfere with activities	Sometimes distracts me	Distracts me. Can do usual activities	Impacts some activites	Hard to ignore. Avoid usual activities	Focus of attention prevents doing daily activites	Awful. Hard to do anything	Can't bear the pain. Unable to do anything	As bad as it could be. Nothing else matters

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