



**ACUTE PAIN SERVICE (APS)
 PATIENT DISCHARGE CONTINUITY OF CARE
 PLAN FOR COMPLEX PAIN PATIENTS**

A copy of this plan is to be photocopied for the patient to give to his/her Family Practitioner on their discharge for follow-up purposes.

Date: _____

Diagnosis(es): _____

CURRENT MEDICATIONS AS OF DISCHARGE FROM ACUTE PAIN SERVICE (APS):	
Medication(s)	Dosage

SUGGESTED DISCHARGE PRESCRIPTION(S)*	
Medication(s)	Dosage

*** Medical /Surgical/Other team _____ is responsible for writing the prescription(s) at the time of discharge**

- Referral made to: Complex/Chronic pain services
 Addiction Services
 Palliative Care

Suggested plan for weaning medications AND/OR additional comments:

Medical/Surgical/Other team _____ to provide copy to patient for Family Practitioner/Physician Specialist.

Acute Pain Service:

 Signature Printed name Discipline