Pain record after a nerve block

Date of the injection _____ Time _____

Where, as the clinic described it _____

Pain from 0 to 10, in tenths when that is truer, such as 3.5. Write what you were doing at each time, such as sitting, walking or bending. Leave a missed time blank.

When	Clock time	Pain, 0 to 10	What I was doing	Anything else: numbness, weakness, other changes
Before the injection				
Just after				
1 hour				
2 hours				
3 hours				
4 hours				
5 hours				
6 hours				
12 hours				
24 hours				

My pain came back to where it was before the injection on _____ at _____

Over the next days, anything to tell the clinic

_____

_____

Clinic number _____ Follow-up on _____

When to get help

Get medical help if the injection site becomes warm or red and tender, or you feel hot and unwell, or numbness or weakness does not wear off or gets worse. For urgent advice, call your doctor or a nurse line (NHS 111 in the UK), not the clinic's message line.

Doctor or nurse line _____ Emergency _____ (9-1-1 Canada and US, 999 UK)

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If your clinic gave you a diary, use theirs.