### Green Zone

**ALL CLEAR (GOAL)**
- Your comfort level is ______ (0 - 10 scale where 0 = no pain and 10 = worse pain ever had)
- You are able to do basic activities and rest comfortably
- You do not have any new pain
- If you’re taking opioid pain medication, your bowels are moving at least every 2 - 3 days

### Doing Great!
- You are managing your pain at an acceptable level for you
- Actions:
  - Continue your medicines as ordered
  - Continue _____________ (ice, heat, therapy, etc.) along with your medicines
  - Keep all doctor visits
  - Continue regular exercise as prescribed

### Yellow Zone

**CAUTION (WARNING)**
*If you have any of the following:*
- Pain that is not at your comfort level with your usual treatments
- You are not able to do basic activities or rest comfortably
- New pain you have never had before
- If you are taking opioid medication, your bowels have not moved in 2 - 3 days
- You are sleeping more than usual
- You feel sick at your stomach
- You cannot take your medicine

### Act Today!
- Your pain control plan may need to be changed
- Actions:
  - Call your home health nurse 
    ________________________________
    (agency’s phone number)
  - Or call your doctor 
    ________________________________
    (doctor’s phone number)

### Red Zone

**EMERGENCY**
- You cannot get any relief from your usual treatments
- You have new, severe pain
- If you are taking opioid pain medication, your bowels have not moved for more than 3 days
- You are extremely sleepy
- You are throwing up
- You are confused

### Act NOW!
- You or your family need to call your nurse or doctor right away
- Actions:
  - Call your home health nurse 
    ________________________________
    (agency’s phone number)
  - Or call your doctor right away 
    ________________________________
    (doctor’s phone number)

References:

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