Complex Regional Pain Syndrome Patient

SEVERE NEUROLOGICAL PAIN FLARE

I live with Complex Regional Pain Syndrome (CRPS), a neurological condition involving severe neuropathic pain.

I have come to the Emergency Department because my prescribed pain medication has not provided sufficient relief. I am experiencing unbearable pain and need urgent medical assessment and treatment.

Please Understand

I want to cooperate fully with your medical team. However, severe pain and allodynia may make it difficult for me to speak, move, answer questions, or tolerate physical examination.

My reactions to touch or movement are involuntary pain responses. Please do not mistake them for unwillingness to cooperate.

Please Read Before Examining Me

- Explain what you need to do before touching me.
- Even light touch or pressure can cause excruciating pain.
- Please ensure curtains, sheets, blankets, clothing, or other fabrics do not brush against my affected limbs.
- Avoid unnecessary pressure or blood pressure cuffs on affected areas whenever medically possible.
- Please minimize unnecessary noise, bright lights, and other sensory stimulation.

SOS Medication Already Taken

Medication: _____ Dose: _____

Time taken: _____

Additional medication / dose / time: _____

Important Medical Information

Areas affected by CRPS: _____

Current medications: _____

Allergies / significant adverse reactions: _____

Treating physician / contact: _____

Emergency Contact

Name: _____ Phone: _____

My treating physician may have provided a letter containing additional medical information and emergency treatment recommendations.