Organisation name Site or unit		FORM Opioid prescribing review record	
Document ID	MNP-FRM-001	**Version**	1.0
Status	Blank form, to adapt	**Issue date**	
Review date		**Replaces**	
Owner		**Approved by**	
Signature			

Form · MNP-FRM-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 3.2

1. Purpose

Records the reason for an opioid, the alternatives considered, the dose, the review and the stop date.

2. How to complete

- Complete when an opioid is first prescribed.
- Complete at each review date.
- Record the stop or review date.

3. Checks

Check	Entry
Reason for opioid recorded	Yes
Non-opioid alternatives considered	Yes
Lowest effective dose and duration	Yes
Stop or review date set	Yes
Review outcome at each review	Yes

Prescriber and date	Yes

4. Evidence

Reference	Note
E-009	Based on the CDC Clinical Practice Guideline for Prescribing Opioids for Pain (2022).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

5. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

6. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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