

# Opioid prescribing review record

Form | MNP-FRM-001

|                                  |                                                                                                                             |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Document type                    | Form                                                                                                                        |
| Title                            | Opioid prescribing review record                                                                                            |
| Document ID                      | {{facility.code}}-MNP-FRM-001                                                                                               |
| Version and status               | 1.0   Issued for use. Pending ASF Expert Committee ratification                                                             |
| Prepared by                      | {{roles.quality_lead.name}}, Quality lead                                                                                   |
| Reviewed by                      | {{roles.clinical_director.name}}, Clinical director      Date: _____                                                        |
| Approver and signature           | {{roles.clinical_director.name}}, Clinical director<br>Signature: _____      Date: _____                                    |
| Effective date                   | {{document.effective_date}}                                                                                                 |
| Next review                      | {{document.review_date}} (12 months, or sooner after any incident or change)                                                |
| Replaces                         | None (new document)                                                                                                         |
| Standards and criteria supported | Standard 3 (Medicines and Pain), criterion 3.2                                                                              |
| Evidence basis                   | E-006, E-009                                                                                                                |
| Status of this document          | Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria. |

## Use this form when

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

## 1. How to complete

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

## 2. Items to check

| # | Item                               | Standard or evidence | Yes                      | No                       | N/A                      | Action if No           |
|---|------------------------------------|----------------------|--------------------------|--------------------------|--------------------------|------------------------|
| 1 | Reason for opioid recorded         | Yes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 2 | Non-opioid alternatives considered | Yes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 3 | Lowest effective dose and duration | Yes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 4 | Stop or review date set            | Yes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 5 | Review outcome at each review      | Yes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |
| 6 | Prescriber and date                | Yes                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Action and who to tell |

Completed by (name and role): \_\_\_\_\_ Date/time: \_\_\_\_\_ Signature: \_\_\_\_\_

### 3. Evidence

| ID    | Source and status                                                                     |
|-------|---------------------------------------------------------------------------------------|
| 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.                                                       |

EC = ASF Expert Committee consensus.

### 4. Change history

| Version | Date                        | What changed  | Approver and signature            |
|---------|-----------------------------|---------------|-----------------------------------|
| 1.0     | {{document.effective_date}} | First version | Pending Expert Committee approval |