Standard operating procedure (SOP) · MNP-SOP-001 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 3.2

At a glance

- Review each opioid prescription at the set review date.
- Compare the amount given with the amount prescribed.
- Check the controlled drug register each month for patterns.
- Report any concern to the steward and the chief pharmacist the same day.
- Stop and get help straight away if: a concern about diversion is found and not reported the same day.

1. Purpose

To keep opioid prescribing under review and to find misuse early (3.2).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

Opioids can relieve pain but they also cause harm when they are over-prescribed, given for too long, or not monitored. A stewardship approach keeps the dose and duration to what the patient needs.

5. Responsibilities

Role	Responsibility	Competence
Designated opioid steward	Runs the monthly review	Clinician
Pharmacist	Checks the register each month	Pharmacist

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Review.

- At the review date, record the pain score, the dose used and whether the opioid is still needed (MNP-FRM-001).

Key point: Need is checked, not assumed.

Step 2. Count.

- Compare the amount given with the amount prescribed, and check the controlled drug register.

Key point: Counts match.

Step 3. Report.

- Report any concern to the steward and the chief pharmacist the same day.

Key point: Same day.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Monthly register checks done	100%	Monthly	Chief pharmacist	Escalate to chief executive

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
MNP-FRM-001	Opioid prescribing review record	Form
HOS-REG-001	Controlled drugs register	Register

17. 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.

18. Change history

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

E-learning for this document

- **Prescribing & Controlled Substance Management** (TM-05)
- **Medication Safety: Operating SOP-MED-01 End to End** (T-08)

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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