

Checklist for prescribers

Opioid medicines carry a higher risk of harm than many other medications. To try and reduce the chance of error, there are a number of legal and best practice considerations that should be followed when writing a prescription for an opioid medicine.

1. Is the medicine prescribed by brand?

All opioid medications have a higher risk of harm – to avoid risk from errors during dispensing or administration, best practice is to prescribe by brand. Preferred brands may vary locally, but by consistently stating one for an individual patient this will help make sure they get the same (and correct) medication every time.

2. Has a strength been stated?

If more than one strength is available it is very important to clearly state the strength prescribed in order to avoid the risk of accidental overdose. Double check it is the strength you expect, particularly with patches where strength is typically defined as rate per hour. If multiple strengths are required to complete the dose, write out each one as a separate medication.

3. Is a formulation type stated?

There are pharmacokinetic differences between some preparations, meaning that for a consistent dose it is important to state the formulation expected. This includes whether it is tablet, capsule, liquid or patch but also types within that (e.g. reservoir or matrix patch, modified or immediate release tablets) if this is not apparent from the brand prescribed.

4. Is there a clear dose stating frequency of administration and not a non-specific direction such as “USE AS DIRECTED”?

The dose must be clearly defined; this helps reduce the risk of overdose. The prescription should always state how often the medicine should be taken and the number of units to be taken per dose.

5. Is the total number to supply stated in both words and figures and does it amount to 30 days of supply (or less)?

This ensures that the number supplied is accurate by removing any ambiguity about the number of doses requested. It is important this is not excessive – all opioids carry a higher risk of harm and it is best practice to supply no more than 30 days of supply. If more than 30 are provided this should only be in exceptional circumstances with a clearly stated legitimate clinical need.

The points above are a useful checklist on the main points to consider when writing opioid prescriptions. For comprehensive information on writing opioid prescriptions, please see the Faculty of Pain Medicine’s Opioids Aware resource at:

<https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware/best-professional-practice/writing-opioids-prescriptions>

Responsible Pain Prescribing Bulletin

Reiterating best practice – key messages for safe opioid prescribing practice and example



London Procurement Partnership

Pharmacy Stamp	Age 84	Title, Forename, Surname & Address Mrs A Patient	
	D.o.B 20/03/1934	Somewhere House Somewhere Road London SE1 4YB	
Please don't stamp over age box		NHS Number: 987 654 4321	1. Brand Prescribing
Number of days' treatment N.B. Ensure dose is stated			
Endorsements		MST Continus 100mg MR tablets Take ONE tablet TWICE daily as directed Supply: 60 (sixty) tablets	3. Formulation
			4. Dose
		83C40E-A23856-00123W	5. Total to supply in words and figures
Signature of Prescriber PRESCRIPTION TOKEN – Not to be used as a prescription, even if signed by an authorised prescriber.		Date 12/06/2018	
For dispenser No. of Prescriptions for m	Dr X Ample	123456	
	Somewhere Surgery Long Lane London 0208 123456 Ealing CCG	NW10 6DR	
NHS		FP10SS0406	