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## MM.22 The hospital has a system for prescribing antibiotics.

- MM.22.1 The hospital implements updated and approved multidisciplinary guidelines on the proper prescribing of antibiotics.
  - MM.22.2 The antibiotics guidelines are updated as recommended by the pharmacy and therapeutics committee utilizing the hospital anti-biogram.
  - MM.22.3 There is proper implementation of the approved guidelines for antibiotics prophylaxis before surgery and/or dental procedures.
  - MM.22.4 There is proper implementation of the approved guidelines for empiric and therapeutic use of antibiotics.
  - MM.22.5 There is proper implementation of the approved prescribing privileges for antibiotics.
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### Standard Intent:

Antibiotics misuse is a global concern, this misuse of antibiotics has a negative impact on patients and the community safety, increasing antibiotic resistant micro-organisms, and increasing the overall cost of health care. Development and implementation of antibiotic guidelines is scientifically proven to prevent, control, and treat infections. Each hospital should develop and update their own evidence-based guidelines taking in consideration their own anti-bigram and pathogens identified from the surveillance system. Guidelines should include surgical prophylaxis, empiric and therapeutic use of antibiotics. The use of appropriate antibiotics could be challenging nowadays. Hospitals are expected to define prescribing privileges of antibiotics in order to prevent development of resistance.

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## MM.23 The hospital has a system for managing the use of verbal and telephone orders of medications.

- MM.23.1 The hospital has a multidisciplinary policy and procedure that control ordering, verifying, authenticating and limiting the use of verbal and telephone orders of medications. The policy includes a list of medications not allowed to be prescribed by verbal and telephone order.
- MM.23.2 The hospital staff understand the proper use of verbal and telephone orders (accepting, documenting, verifying, authenticating, and executing orders).
- MM.23.3 Verbal and telephone orders are limited to emergent and urgent situation where immediate written or electronic medication order is not feasible. Clear definition of emergent and urgent situations should be included.
- MM.23.4 Time frame for authentication of verbal (as soon as the emergency is over) and telephone orders (within twenty-four hours) is clearly stated and implemented.