

The Newcastle upon Tyne Hospitals NHS Trust

Use of Abbreviations in Clinical Records Policy

Effective: September 2007

Review: December 2010

1. Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust is dependent on its records to operate efficiently and account for its actions. In order for this to be achieved, it is important that the information contained in records is clear and understandable to all persons having access to them. It has long been traditional to use abbreviations but a number of developments make it clear that a more co-ordinated approach needs to be taken than that which has occurred in the past. These developments include:

- The increasing complexity and specialisation of care means that non-specialists with access to parts of the record can find the use of certain abbreviations confusing.
- Patients themselves have more opportunities to access their own records and abbreviations can cause misunderstanding.
- The number of abbreviations could be said to be proliferating, such that certain abbreviations (e.g. – PID – Pregnancy Induced Diabetes, Prolapsed Intervertebral Disc, Pelvic Inflammatory Disease) can mean very different things.

The requirements of the National Patient Safety Goals 2007 – Goal 2(B) outline a list of abbreviations, acronyms and symbols that are not to be used throughout the organization (see Appendix 1). For further information go to [2007 National Patient Safety Goals](#) .

2. Policy Scope

This policy relates to all clinical records created, received or maintained in hard copy by staff of the Newcastle upon Tyne Hospitals NHS Foundation Trust. The clinical record is defined as a collection of information about the care of a patient, provided by a range of healthcare professionals in one organisation. The clinical record may include:

- Handwritten notes by any healthcare professional
- Computer print-outs from monitoring equipment
- Laboratory reports
- Photographs
- Videos
- Tape recordings
- X-Rays
- Letters and correspondence about clinical care – including handwritten or other transfer and referral letters
- Records may be held in manual systems or computerised systems, or a mixture of both.

3. Policy Aims

- To instill good practice in record keeping across the Trust, encouraging the judicious use of abbreviations.
- A systematic approach to abbreviation use throughout the Trust in order to reduce any misinterpretations about treatment and care.
- There will be a Trust wide agreed list of abbreviations not for and for use.

4. Policy objectives

- Accountability – that adequate records are maintained to account fully for all care given to individual patients.
- Quality – that all clinical entries are complete and written in full.
- Training – that all staff are made aware of their responsibilities through generic and specific training programmes.
- Audit – That the application of this policy is audited annually.

5. Roles and responsibilities

Heads of corporate and clinical departments or directorates are responsible for ensuring that the policy is implemented in their individual departments.

Clinical Governance and Risk Department is responsible for establishing a rolling programme of annual audit, producing annual reports for the individual directorates.

Clinical Governance and Quality Committee

The Clinical Governance and Quality Committee will receive reports of Directorate / Department record keeping audits, including recommendations /action plans and agreed actions to be achieved with Directorates. The Clinical Standards and Practice Review Group will monitor Directorates activity against agreed actions to ensure evidence in change of practice.

It is the responsibility of **all staff** to ensure that where Trust wide agreed abbreviations are used, you and the patient understand them.

6. Generic Core Standards

- 6.1 All abbreviations written into the clinical record must be on the Trust wide agreed abbreviations list – Appendix 2.
- 6.2 Abbreviations on the Official “Do not use” list, must not be used at any time – Appendix 1.
- 6.3 Abbreviation use in all clinical areas will be subject to continuous audit.
- 6.4 For any printed forms, any abbreviations must be spelled out the first time used, or must be listed in a key on the form.
- 6.5 Medication names can not be abbreviated. Spell out drug names completely.
- 6.6 Abbreviations cannot be used on consent forms.
- 6.7 Blood values/chemical and physiological symbols are nationally recognised and

may be used.

- 6.8 The development of Care Pathways results in the development of additional abbreviations. Any abbreviations must be spelled out the abbreviation section of the Care Pathway and can then be referred to in the main body of that document as the abbreviated version.
- 6.9 The official “do not use” list applies, at a minimum, to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms. This requirement does not currently apply to pre-programmed health information technology systems, but remains under consideration for the future. The Trust needs in contemplating introduction or upgrade of such systems should strive to eliminate the use of dangerous abbreviations, acronyms, symbols, and dose designations from the software.

Policy Author: Education Development Manager

Official Do not use list as directed by the National Patient Safety Goals 2007

Do Not Use	Potential Problem	Use Instead
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write unit
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d., qod (every other day)	Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0mg)* Lack of leading zero (.Xmg)	Decimal point is missed	Write X mg Write 0.Xmg
MS MS04 and MgSO4	Can mean morphine sulphate or magnesium sulphate Confused for one another	Write "morphine sulphate" Write "magnesium sulphate"
Can mean morphine sulphate or magnesium sulphate Confused for one another		
Additional Abbreviations, Acronyms and Symbols		
Do Not Use	Potential Problem	Use Instead
> (greater than) < (less than)	Misinterpreted as the number "7" (seven) or the letter "L" Confused for one another	Write "greater than" Write "less than"
Abbreviations for drug names	Misinterpreted due to similar abbreviations for multiple drugs	Write drug names in full
Apothecary units	Unfamiliar to many practitioners Confused with metric units	Use metric units
@	Mistaken for the number "2" (two)	Write "at"
cc	Mistaken for u (units) when poorly written	Write "ml" or "millilitres"
ug	Mistaken for mg (milligrams) resulting in one thousand-fold overdose	Write "mcg" or "micrograms"

As advised by the Strategic Health Authority – 2007 Please do not use the following as use of these have resulted in a serious untoward incident in one of the regions Trusts:

Do Not use	Use Instead
1/12	1 month
1/52	1 week
1/7	1 day

The Newcastle upon Tyne Hospitals NHS Foundation Trust**List of Agreed Abbreviations****Common Medical Conditions**

- AIDS Acquired Immunodeficiency Syndrome
- Ca Cancer
- CCF Congestive Cardiac Failure
- COAD Chronic Obstructive Airways Disease
- DVT Deep Vein Thrombosis
- MI Myocardial Infarction
- MRSA Methicillin Resistant Staphylococcus Aureus
- PE Pulmonary Embolus
- STAPH Staphylococcus
- TB Tuberculosis
- UTI Urinary Tract Infection
- # Fracture

Patient Investigation (Radiology)

- AxR Abdominal X-Ray
- Ba Barium
- CT SCAN Computerised Tomography
- CXR Chest X-Ray
- MRI Magnetic Resonance Imaging
- U/S Ultrasound

Common Tests/Procedures

- CPR Cardio Pulmonary Resuscitation
- D&C Dilatation and Curettage
- PEG Percutaneous Endoscopic Gastroscopy
- TENS Trans Cutaneous Electro Nerve Stimulation
- TPN Total Parenteral Nutrition
- TPR Temperature Pulse Respiration

Medication/Drugs

- IM Intra Muscular
- Inh Inhaler
- IV Intravenous
- Neb Nebulisation
- Oral
- PO By Mouth
- PR Per Rectum
- PV Per Vagina
- SC Sub Cutaneous
- S/L Sub Lingual
- Top Topical
- CD Controlled Drug
- IVI Intravenous Infusion
- TTO To Take Home (Drugs)

List of Agreed Abbreviations Continued

Administration

- Appt Appointment
- ASAP As Soon As Possible
- DNA Did Not Attend
- DOB Date Of Birth
- FU Follow Up
- S/A Same Address
- S/B Seen By
- TCI To Come In

Equipment

- ET Tube Endotracheal Tube
- IUCD Intra Uterine Contraceptive Device
- NGT Naso Gastric Tube
- TED Thrombo Embolic Deterrents

People

- CPN Community Psychiatric Nurse
- Dr Doctor
- F (1 or 2) Foundation trainee (year 1 or 2)
- GP General Practitioner
- HV Health Visitor
- ST(n) Specialist Trainee (n= year of training)
- SALT Speech And Language Therapist
- SR Sister
- S/M Staff Midwife
- S/N Staff Nurse
- ST/N Student Nurse
- ST/M Student Midwife

Specialty

- ENT Ear Nose and Throat
- GI Gastro Intestinal
- GYNAE Gynaecology
- HDU High Dependency Unit
- OPD Out Patients Department
- OT Occupational Therapy
- PAEDS Paediatrics

Patient Investigation (Blood)

- FBC Full Blood Count
- FFP Fresh Frozen Plasma
- HB Haemoglobin
- K Potassium
- Na Sodium
- PCV Packed Cell Volume
- PT Prothrombin Time
- Rh Rhesus Factor
- U/E Urea and Electrolytes
- WCC White Cell Count

List of Agreed Abbreviations Continued

Patient Assessment/ Examination

- BMI Body Mass Index
- BP Blood Pressure
- CNS Central Nervous System
- CVP Central Venous Pressure
- H/O History of
- Ht Height
- ICP Intracranial Pressure
- NAD No Abnormality Detected
- NBI No Bony Injuries
- NOK Next Of Kin
- PMH Past Medical History
- SOB Shortness Of Breath
- TPR Temperature Pulse Respirations
- Wt Weight

Patient Investigation (General)

- C&S Culture And Sensitivity
- CSF Cerebro-Spinal Fluid
- ECG Electro Cardiogram
- LP Lumbar Puncture
- MC&S Microscopy Culture And Sensitivity
- MSU Mid Stream Urine

Other

- LA Local Anaesthetic
- GA General Anaesthetic
- NBM Nil By Mouth
- POST OP After Operation
- PRE OP Before Operation
- RTA Road Traffic Accident
- ROS Removal Of Sutures