

Title: PROHIBITED ABBREVIATIONS

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POLICY: To improve the effectiveness of communication among caregivers, the following list of prohibited abbreviations will be maintained and followed. These prohibited abbreviations should not be used in any clinical documentation including orders, preprinted forms, medication-related documentation and transcribed reports, either hand-written or within the electronic medical record system.

PROCEDURE:

1. Prohibited abbreviations cannot be used in any of its forms, that is, upper or lower case; with or without periods.
2. If a prescribing practitioner utilizes a prohibited abbreviation, the practitioner must be contacted by the licensed care provider and the treatment order clarified before it is acted on. If the Pharmacy receives the order before it is clarified, the Pharmacist will contact the prescribing practitioner to have it clarified.
3. In the event that a prohibited abbreviation IS used and in the judgment of the licensed care provider, the delay in clarifying the order with the prescribing practitioner would put the patient at greater risk, the order should be carried out and the clarification obtained as soon as possible thereafter.
4. A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as laboratory results, imaging studies that report size of lesions, or catheter tube sizes. It may not be used in medication orders or other medication-related documentation.
5. Abbreviations should not be used on consents. Appropriate medical terminology should be used to describe the procedure/surgery to which the patient is consenting. Considering the public’s knowledge or/familiarity with some abbreviations (i.e. D&C, T&A, etc.), it is acceptable to bracket that abbreviation following the full medical term, e.g. Dilatation and Curettage (D&C).
6. The use of other abbreviations (“approved abbreviations”) for the purposes of standardizing terminology, definitions, vocabulary, and nomenclature is allowed if the use of the abbreviation(s) is considered customary in the scope of the service and/or discipline and the abbreviation(s) does not pose the potential for miscommunication or compromising patient safety. An “approved abbreviations” list MAY be created/maintained by a department/discipline if deemed necessary/beneficial. When writing an abbreviation, evaluate the context in which it is used.

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7. Additional guidelines/recommendations:

- The use of symbols is discouraged
- Drug names should be spelled out
- It is preferred that the Metric system be used for writing dosages
- Always use a space between drug name, dose, and unit of measure
- “Left” and “Right” are to be spelled out on all consent forms, and intra-operative/procedural records

PROHIBITED ABBREVIATION	INTENDED MEANING	MISINTERPRETATION	CORRECT USE
IU	International unit	Misread as IV (intravenous) Or the number “10” (ten)	Write “ international unit ”
ug	Microgram	Mistaken for “mg” when handwritten	Use “ mcg ”
Q.D., QD,q.d., qd	Every Day Daily	Mistaken for each other. Misread as “q.i.d.” especially if the period after the “q” or tail of the “q” is misread as an “i”	Write “ daily ”
Q.O.D. QOD, q.o.d., qod	Every other day	The “O” can be mistaken for “i”	Write “ every other day ”
U or u	Unit	Misread for “0” (zero), The number “4” (four), or “cc”.	Write “ unit ”
Apothecary symbols	Dram Minim	Misunderstood or misread (symbol for dram misread for “3” and minim misread as “mL”)	Use the metric system
Trailing zero	X.0 mg	Decimal point is missed or not visible, leading to an inaccurate dose.	Do not use terminal zeros for doses expressed in whole numbers
Lack of leading zero	.X mg	Decimal point is missed or not visible, leading to an inaccurate dose.	Always use zero before a decimal point when the dose is less than a whole unit
MS MSO₄ MgSO₄	Morphine sulfate or Magnesium Sulfate	Confused for one another	Write “ Morphine sulfate ” OR “ Magnesium sulfate ”