

# APPROVED ABBREVIATION LIST FOR USE IN MEDICAL RECORDS

## POLICY<sup>®</sup>

### DOCUMENT SUMMARY/KEY POINTS

- All medical records must be legible and easily understood by all persons who access them; including consumers and external agencies.
- Only approved abbreviations and symbols may be used in patient's medical record. (Ministry of Health PD2012\_069 [Health Care Records - Documentation and Management](#))
- Medical diagnosis must be written in full.
- If however, a medical diagnosis appears on the Approved Abbreviation list, it must be written in full in the first instance, followed by the abbreviation in brackets and then the abbreviation may be used thereafter. For example, urinary tract infection (UTI).
- **This policy:**
  - Contains the authorised list of abbreviations to be used at The Sydney Children's Hospital Network (SCHN).
  - Applies to all medical records whether hard copy, electronic, a hybrid of both or in other forms.
  - Replaces any local abbreviation lists held at discipline or department level.
- Information on the use of Abbreviations when prescribing medications are also contained Ministry of Health PD2013\_043 [Medication Handling in NSW Public Health Facilities](#)
- **The use of abbreviations is not permitted when documenting:**
  - On Consent Forms
  - Surgical Operations and Diagnostic Procedures requiring general anaesthetic
  - Name of medication
- Abbreviations used on Forms that have been endorsed by the Forms Committee are only approved to be used within that Form itself

**Note: This is a list of Approved Abbreviations to be used within SCHN. Any abbreviation outside of this list is NOT approved for use in clinical documentation at SCHN.**

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> November 2020	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Manager	<b>Area/Dept:</b> Health Information Unit

## CHANGE SUMMARY

- Due for mandatory review
- Recommend to read the entire document as there are amendments made through out.

## READ ACKNOWLEDGEMENT

- All staff that **document directly** into patients health care records are required to read and acknowledge the document
- All staff responsible for the **maintenance, storage and review** of health care records are required to read and acknowledge the document.

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## 1 Introduction/background

All medical records must be legible and easily understood by all persons who access them; including consumers and external agencies.

Use of approved abbreviations will improve documentation, communication and patient outcomes by reducing misinterpretations and providing medico – legal protection for staff.

### ***Health care record***

The main purpose of a health care record is to provide a means of communication to facilitate the safe care and treatment of a patient/client.

A health care record is the primary repository of information including medical and therapeutic treatment and intervention for the health and wellbeing of the patient/client during an episode of care and informs care in future episodes. The health care record is a documented account of a patient/client's history of illness; health care plan/s; health investigations and evaluations; diagnosis; care; treatment; progress and health outcomes for each health service intervention or interaction.

The health care record may also be used for communication with external health care providers, and statutory and regulatory bodies, in addition to facilitating patient safety improvements; investigation of complaints; planning; audit activities; research (subject to ethics committee approval, as required); education; financial reimbursement and public health. The record may become an important piece of evidence in protecting the legal interests of the patient/client, health care personnel, other personnel or Public Health Organisations (PHOs).

The health care record may be paper, electronic or a combination of both. Where a health care record exists in both paper and electronic form this is referred to as a hybrid record. Where PHOs maintain a hybrid record, health care personnel must have access to information that is included in each part of the record.

## 2 Scope

This policy:

- Applies to health care records that are the property of, and maintained by, PHOs, including health care records of private patients seen in the PHO.
- Does **not** apply to records that may be maintained by patient/clients and records that may be maintained by clinicians in respect of private patients seen in private rooms.
- Replaces any local abbreviation list held at discipline or department level used for medical record documentation.

### 2.1 Inclusions

- The approved abbreviation list applies to documentation in **all health care records** at the SCHN whether it is in hard copy, electronic, in both (hybrid) or in any other forms (e.g. video/CD).

## 2.2 Exclusions

### **Abbreviations used on Forms:**

- Some SCHN Forms contain abbreviations, legends or explanations for these abbreviations may be included on the actual Form.
- In the circumstance that there are abbreviations on a form, and this form has a Medical Records barcode, then the abbreviation may continue to be used on the form itself, however, it is not acceptable to be used within other clinical notes.

### **eMR Pathology Orders – Abbreviations:**

- NSW Health, in the eMR Pathology Orders Design Recommendations, has included some abbreviations in the pathology orderable list. These abbreviations were included in the SCHN Powerchart pathology orders build, but cannot be used in the patients' medical record.

## 3 When abbreviations cannot be used

### 3.1 Abbreviations must not be used in the following situations:

- On Consent forms.
- In documentation of Surgical Operations and Diagnostic Procedures requiring general anaesthetic.
- When documenting the name of a medication.

### 3.2 Use of Chemical Names

The use of chemical abbreviations in *hand written* or electronic medical records is not permitted.

The use of chemical abbreviations in hand written or in free text electronic prescribing of medications and intravenous fluids is also not permitted.

## 4 Medical Diagnosis

- Medical diagnosis must be written in full.
- If however, a medical diagnosis appears on the Approved Abbreviation list it is fine to write as the approved abbreviation after writing in full in the first instance.

## 5 Documentation principles for consistent prescribing terminology

**Table 1: Principles for consistent prescribing terminology**

No.	Criteria
1	Use plain English – avoid jargon.
2	Write all characters clearly and individually – especially when writing medicine names.
3	Write instructions and routes of administration in full.
4	Instructions must be clear.
5	Use generic medicine names (active ingredient or approved name).
6	Write medicine names in full – do not abbreviate any medicine name.
7	Write chemical names in full.
8	Do not include the salt of the chemical unless it is clinically significant.
9	Use National Tall Man Lettering for 'look-alike, sound-alike' medicines. (Not applicable to handwritten medicines documentation.)
10	Dose <ul style="list-style-type: none"> <li>• Use words or Hindu-arabic numbers. Use 1,2,3 etc.</li> <li>• Do not use Roman numerals.</li> <li>• Use metric units.</li> <li>• Clearly separate different elements of the medicine order.</li> <li>• Use a leading zero in front of a decimal point for a dose less than 1.</li> <li>• Do not use trailing zeros.</li> <li>• Do not follow abbreviations such as 'mg' or 'mL' with a decimal point or full stop ('mg.' or 'mL.').</li> <li>• For oral liquid preparations, express dose in weight as well as volume.</li> <li>• Express dosage frequency unambiguously.</li> </ul>
11	Use 24-hour time for time-of-day administration
12	Avoid fractions.
13	Do not use symbols.
14	Avoid acronyms or abbreviations for medical terms and procedure names on orders or prescriptions.
15	Use words to express numbers of 1,000 or more. Otherwise use commas for dosing units at or above 1,000.

Source: [Australian Commission on Safety and Quality in HealthCare: Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administration of Medicines](#)

Summary Sheet: <https://www.safetyandquality.gov.au/sites/default/files/migrated/Recommendations-for-terminology-abbreviations-and-symbols-used-in-medicines-documentation-Summary-sheet-December-2016.pdf>

See [Section 6.2](#) for approved abbreviations used when prescribing

## 6 Approved Abbreviation List

### 6.1 Acceptable Staff Designations

Abbreviation	Description (meaning)
AHNM	After Hours Nurse Manager
AMO	Admitting Medical Officer
CLT	Child Life Therapist
CNC	Clinical Nurse Consultant
CNE	Clinical Nurse Educator
CNS	Clinical Nurse Specialist
DON	Director of Nursing Services
Dr	Doctor
EEN	Endorsed Enrolled Nurse
EN	Enrolled Nurse
JMO	Junior Medical Officer
MO	Medical Officer
MT	Music Therapist
NE	Nurse Educator
NP	Nurse Practitioner
NUM	Nurse Unit Manager
OT	Occupational Therapist
Physio / PT	Physiotherapist
Reg	Registrar (Medical Officer)
RN	Registered Nurse
RM	Registered Midwife
RMO	Resident Medical Officer
SMO	Senior Medical Officer
SRMO	Senior Resident Medical Officer
SW	Social Worker
SP	Speech Pathologist
VMO	Visiting Medical Officer

### 6.2 Acceptable Terms and Metric Abbreviations

Abbreviation	Description (Meaning)
<b>Units of Measure and Concentration</b>	
g	gram(s)
kg	kilogram(s)
L	litre(s)
mg	milligram(s)
mL	millilitre(s)
microg	microgram(s)
%	percentage
mmol	Millimole (s)
<b>Length</b>	
mm	millimetre (s)
cm	centimetre (s)
dm	decimetre (s)
m	metre (s)
km	kilometre (s)

### **Acceptable Terms and Metric Abbreviations (cont.)**

<b>Abbreviation</b>	<b>Description (Meaning)</b>
<b><i>Dosage Forms</i></b>	
cap	capsule(s)
Inj	injection
MDI or Inhaler	metered dose inhaler, inhaler
ointment or oint	ointment
PCA	patient controlled analgesia
pess	pessary
Supp.	Suppository
Tab	Tablet
Top	Topical
<b><i>Route of Administration</i></b>	
IM	intramuscular
IO	Intraosseous
IT	intrathecal
IV	intravenous
NEB	nebulised
NG	Naso-gastric
PO	oral
PEG	percutaneous enteral gastrostomy
PR	per rectum
PV	per vagina
PICC	peripherally inserted central catheter
subcut	subcutaneous
subling	sublingual
<b><i>Timing / Frequency</i></b> (For use in prescribing and administration of medicines and other treatment)	
4 hrly or 4 hourly	Every 4 hours
6 hrly or 6 hourly	Every 6 hours
8 hrly or 8 hourly	Every 8 hours
a.m	Before midday
b.d	Twice daily – Twice a Day
hrs	Hours
morning or mane	(in the ) Morning
midday	(at) midday
Night or nocte	(at) night
pc	After meals
p.m	After mid-day
prn	When required
qid.	Four times daily
Stat	Immediately and once only
tds.	Three times daily

Source: [Australian Commission on Safety and Quality in HealthCare: Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administration of Medicines](#)



### 6.3 Acceptable General Abbreviations (alphabetical list)

**Note:** For use in the medical record, but not when prescribing (see [section 5](#))

Abbreviation	Description (Meaning)
<b>General Symbols</b>	
↓	Decreased
↑	Increased
Δ	Disease
♂	Male
♀	Female
#	Fracture
/60	Minutes
/7	Days
/12	Months
/52	Weeks
/24	Hours
/40	Weeks of pregnancy
1°	Primary, first degree
2°	Secondary, second degree
3°	Third degree
+	Slight trace
++	Trace
+++	Moderate trace
++++	Large trace
-	Absent
(R)	Right
(L)	Left
<	Less than
>	Greater than
/C	With
/S	Without
∴	Therefore
/	per
=	Equal to
°	No; no history of
%	Percent
?	Doubtful; questionable; query
° F	Degrees Fahrenheit
° C	Degrees Celsius
ψ	Psychiatry
←	Transverse left (physio)
→	Transverse right (physio)
↔	Longitudinal movement (physio)
<b>'A'</b>	
A&E	Accident and Emergency
AAA	Abdominal Aortic Aneurysm
ABD	Abduction
ABG	Arterial Blood Gas
Abx	Antibiotics
ACBT	Active Cycle of Breathing Technique
ACT	Acceptance and Commitment Therapy

Abbreviation	Description (Meaning)
ADD	Attention Deficit Disorder
Addit	Addendum
ADDUCT	Adduction
ADH	Antidiuretic Hormone
ADHD	Attention Deficient Hyperactivity Disorder
ADL	Activities of Daily Living
ADC	Adenocarcinoma
ADR	Adverse Drug Reaction
A.E.B.'s	Atrial Ectopic beats
AEDs	Antiepileptic Drugs
AEEG	Ambulatory Electro-Encephalogram
AF	Atrial Fibrillation
A.Flutter	Atrial Flutter
AFO	Ankle Foot Orthosis
aGVHD	Acute Graft versus Host Disease
AICD	Automatic implantable cardioverter/defibrillator
AIDS	Acquired immune deficiency syndrome
AICD	Automatic implantation cardioverter defibrillator
ALL	Acute lymphoblastic leukaemia
A/O	Application of
AM	Morning
AML	Acute myeloid leukaemia
AND	Allow Natural Death
Appt.	Appointment
ARDS	Acute Respiratory distress Syndrome
ARF	Acute Renal Failure
AROM	Active Range of Motion
ASD	Atrial Septal Defect
ASIS	Anterior Superior Iliac Spine
ATN	Acute tubular necrosis
ATOR	At Time Of Report
ATSP	Asked To See Patient
Ausc.	Auscultation
AV	Aortic Valve or Arterio venous or Atrioventricular
AVPU	Alert, responds to voice, responds to pain, unresponsive
AVSD	Atrioventricular Septal Defect
Ax	Assessment
AXR	Abdominal X-Ray
<b>'B'</b>	
Ba	Barium
bd	Twice daily – Twice a Day
BBB	Bundle Branch Block
BBS	Bronchial breath sounds
BCC	Basal Cell Carcinoma
BC	Blood Cultures
BCPC	Bidirectional Cavopulmonary Connection
BCPS	Bidirectional Cavopulmonary Shunt
BCG	Baccili Calmette-Guerin Injection (TB Vaccine)

B/F	Breast Feeding
BG	Background
BGL	Blood Glucose Level
<b>Abbreviation</b>	<b>Description (Meaning)</b>
BIBA	Brought in by Ambulance
BIH	Benign Intracranial Hypertension
Bilat	Bilateral
BiPAP	Bi-level positive airway pressure
BMA	Bone Marrow Aspirate
BMAT	Bone Marrow Aspiration and trephine
BMI	Body Mass Index
BMiz	Body Mass index for age
BNO	Bowels Not Open
BO	Bowels Open
Botox	Botulinum toxin A
BP	Blood Pressure
Bpm	Beats per minute
BS	Breath Sounds
BSA	Body Surface Area
BTF	Between The Flags
BW	Birth Weight
Bx	Biopsy
<b>'C'</b>	
C (1-7)	Cervical ( 1 – 7 ) e.g. C5 quadriplegic
C & S	Culture and Sensitivity
CADD	Continuous Ambulatory Delivery Device
CAMHS	Child and Adolescent Mental Health Services
Cals	Calories
Cap or Caps	Capsule or Capsules
CAP	Community Acquired Pneumonia
CAPD	Continuous Ambulatory Peritoneal Dialysis
CAVH	Continuous Arteriovenous Hemofiltration
CAVHD	Continuous Arteriovenous Haemodialysis
CBT	Cognitive Behaviour Therapy
CCF	Congestive Cardiac Failure
CERS	Clinical Emergency Response System
CF	Cystic Fibrosis
CFRD	Cystic Fibrosis Related diabetes
CGH array	Comparative Genomic Hybridization array
CHD	Congenital Heart Disease
CHI	Closed Head Injury
CHW	Children's Hospital at Westmead
CNS	Central Nervous System
CLL	Chronic Lymphocytic Leukaemia Chronic Lymphoid Leukaemia
c/o	Complained of
COP	Change of Plaster
CML	Chronic Myelocytic Leukaemia Chronic Myeloid Leukaemia
CMV	Cytomegalovirus

CN (1-12)	Cranial Nerve
COAD	Chronic Obstructive Airway Disease
COU	Close Observation Unit
Covid-19	Coronavirus
CP	Cerebral Palsy
CPAP	Continuous Positive Airways Pressure
Abbreviation	Description (Meaning)
CPM	Continuous Passive Movement
CPP	Cerebral Perfusion Pressure
CRE	Carbapenum Resistant Enterobacter
CPR	Cardiopulmonary Resuscitation
CPU	Child Protection Unit
CRF	Chronic Renal Failure
CRP	C-Reactive Protein
CREST	Raynaud's Phenomenon
CSA	Child Sexual Assault
CSF	Cerebrospinal Fluid
CSU	Catheter Specimen Of Urine
CT(Scan)	Computerised Axial Tomography (Scan)
CTLSO	Cervical Thoraco Lumar Sacral Orthosis
CVAD	Central Venous Access Device
CVC	Central Venous Catheter
CVVH	Continuous Veno-Veno Haemofiltration
CVVHD	Continuous Veno-Veno Haemodialysis
CVVHDF	Continuous Veno-Veno Haemodiafiltration
CVP	Central Venous Pressure
CXR	Chest X-Ray
'D'	
DAFO	Dynamic Ankle Foot Orthosis
DB & C	Deep Breathing and coughing
DBD	Donation after brain death
DCD	Donation after cardiac death
DCJ	Department of Communities and Justice
DDH	Developmental Dysplasia of the Hip
D/C	Discharge
Dept.	Department
DF	Dorsiflexion
DOB	Date of Birth
DoCS	Department of Community Services
D & V	Diarrhoea and Vomiting
DI	Diabetes Insipidus
DIC	Disseminated Intravascular Coagulopathy
DISIDA	Diisopropyl Iminodiacetic Acid Scan
DMSA	Dimercaptosuccinic Acid (Scan)
DNA	Deoxyribonucleic Acid
DNR	Do Not Resuscitate
DF	Dorsiflexion
DOA	Dead On Arrival
DSA	Digital Subtraction Angiography
DTPA	Diethylene-Triamine-Penta-Acetic Acid Scan
DTP/DTaP	Diphtheria, tetanus, pertussis vaccine

Dx	Diagnosis
DXRT	Deep X-Ray Therapy
DV	Domestic Violence
DW	Discussed with
<b>'E'</b>	
EBM	Expressed Breast Milk
EBV	Epstein-Barr Virus
ECG	Electrocardiogram
Echo	Echocardiogram
ECMO	Extracorporeal Membrane Oxygenation
ECOG	Patient level functioning score (eMR)
Abbreviation	Description (Meaning)
ECT	Electroconvulsive Therapy
ED	Emergency Department
EEG	Electro-Encephalogram
EER	Estimated Energy Requirement
E/o	Excision of .....
EFR	Estimate Fluid Replacement
EHM	Expressed Human Milk
EMG	Electromyogram
eMM	Electronic Medication Management
eMR	Electronic Medical Record
ENT	Ear Nose and Throat
EOM	External Ocular Muscles
EOR	End of Range
EPAP	Expiratory positive airway pressure
EPR	Estimated Protein Replacement
EPS	Electrophysiological Studies
ERCP	Endoscopic Retrograde Cholangio-Pancreatogram
ESBL	Extended Spectrum Beta Lactamase
ESR	Erythrocyte Sedimentation Rate
ESRD	End-Stage Renal Disease
ESRF	End-Stage Renal Failure
ETT	Endotracheal Tube
ESRF	End Stage Renal Failure
EUA	Examination Under Anaesthetic
EUC	Electrolytes, Urea, Creatinine
EVD	External Ventricular Drain
EXT	Extension
EXT ROT	External Rotation
<b>'F'</b>	
FASF	Forearm Support Frame
FBC	Full Blood Count
F I O <sub>2</sub>	Fraction Inspired Oxygen
FNAB	Fine Needle Aspiration Biopsy
FEV <sub>1</sub>	Forced Expiratory Volume Over One Second
FESS	Functional Endoscopic Sinus Surgery
FFP	Fresh Frozen Plasma
FH or FHx	Family History
FIVD	Fixed Interval Variable Dose
Flex	Flexion

Fo	Father
FROM	Full Range Of Movement
FTT	Failure To Thrive
F/U	Follow Up
FVC	Forced Vital Capacity
FWB	Full Weight Bearing
#	Fracture
FOOSH	Fall On Outstretched Hands
<b>'G'</b>	
G (number)	Gravida
GA	General anaesthetic
GCS	Glasgow Coma Scale
GMFCS	Gross Motor Function Classification System
GFR	Glomerular Filtration Rate
G & H	Blood Group and Hold Serum
GI	Gastrointestinal
<b>Abbreviation</b>	<b>Description (Meaning)</b>
GIT	Gastrointestinal Tract
GM Stain	Gram Stain
gFo	Grandfather
gMo	Grandmother
GP	General Practitioner
GT	Greater Trochanter
GVHD	Graft versus Host Disease
<b>'H'</b>	
Hb	Haemoglobin
HBV	Hepatitis B Virus
HC	Head Circumference
HCCC	Health Care Complaints Commission
HFNP	High Flow Nasal Prongs
HH	Hiatus Hernia
HIV	Human Immune Deficiency Virus
HMD	Hyaline Membrane Disease
HOPC	History of Presenting Complaint
HPV	Human Papilloma Virus
HR	Heart Rate
HSDNM	Heart Sounds Dual and No Murmur
HSV	Herpes Simplex Virus
Ht.	Height
HTS	Hypertonic Saline
Hx	History
HITH	Hospital In The Home
<b>'I'</b>	
IBD	Inflammatory Bowel Disease
ICC	Intercostal Catheter
ICD	Intercostal Drain
ICP	Intracranial Pressure
ID	Identification
IDC	Indwelling Catheter
IDDM	Insulin Dependent Diabetes Mellitus
IG	Intragastric
IIMS	Incident Information Management System
IM	Intramuscular

IMI	Intramuscular Injection
Indep	Independent(ly)
Inhaler or MDI	Metered Dose Inhaler, MDI
Inj	Injection
Int Rot	Internal Rotation
I/O	Insertion Of
IOL	Intraocular Lens
IOP	Intraocular Pressure
IV	Intravenous
IPAP	Inspiratory Positive Airway Pressure
IPPV	Intermittent Positive-Pressure Ventilation
IVAD	Implantable Venous Access Device
IVF	Intravenous Fluids
IVI	Intravenous Injection
IVC	Intravenous Cannula
IVP	Intravenous Pyelogram
<b>'J'</b>	
JIA	Juvenile Idiopathic Arthritis
JVP	Jugular Venous Pressure
<b>Abbreviation</b>	<b>Description (Meaning)</b>
<b>'K'</b>	
KAFO	Knee Ankle Foot Orthosis
kCal	Kilocalories
kJ	Kilojoules
KUB	Kidney Urinary Bladder
k-wire	Kirshiner wire
<b>'L'</b>	
(L) or ①	Left
L (1 to 5)	Lumbar e.g. L2 fracture
LA	Local Anaesthetic
Lat.	Lateral
LAT FLEX	Lateral Flexion
LBO	Laryngo Broncho-Oesphagoscopy
LBW	Low Birth Weight
LCT	Long Chain Triglycerides
LFT's	Liver Function Tests
LIF	Left Iliac Fossa
LIH	Left Inguinal Hernia
LLD	Leg Length Discrepancy
LLL	Left Lower Lobe
LLQ	Left Lower Quadrant
L/N	Lymph Node
LOC	Loss Of Consciousness
LOS	Length Of Stay
LP	Lumbar Puncture
LRD	Living Related Donor
LRTI	Left Respiratory Tract Infection
LSCS	Lower Segment Caesarean Section
LSO	Lumbar Sacral Orthosis
LUL	Left Upper Lobe
LUQ	Left Upper Quadrant

<b>'M'</b>	
MAP	Mean Arterial Pressure
MAG3	As per DTPA scan
mane	Morning
MAR	Medication Administration Record
MAU	Medical Assessment Unit
Max.	Maximum
MBS	Modified Barium Swallow
MC&S	Microscopy, Culture & Sensitivities
MCT	Medium Chain Triglycerides
MCUG	Micturating Cystourethrogram
MDI	Metered Dose Inhaler
Mec.	Meconium
Med	Medial
METS or Mets	Metastatic
MIBG	Meta-Iodobenzylguanidine
Min.	Minimum
MM	Multiple Myeloma
MMSE	Mini Mental State Exam
MMT	Manual Muscle Test
Mo	Mother
Mob.	Mobility/Mobilisation
MOD	Moderate
<b>Abbreviation</b>	<b>Description (Meaning)</b>
MODY	Maturity Onset Diabetes Mellitus In The Young
MRAB	Multiple Resistant Acinetobacter baumannii
MRE	Multiple-Resistant Enterobacter
MRI	Magnetic Resonance Imaging
MRO	Multi Resistant Organism
MRSA	Multiple Resistant Staphylococcus Aureus Methicillin Resistant Staphylococcus Aureus
MSU	Mid-Stream Specimen Of Urine
MVA	Motor Vehicle Accident
<b>'N'</b>	
NAI	Non Accidental Injury
NAD	No Abnormality Detected, E.G. Ward Test – N.A.D.
NBM	Nil By Mouth
NCA	Nurse Controlled Analgesia
NCI	National Cancer Institute
NCS	Nerve conduction study
NEB	Nebulised
NESB	Non-English Speaking Background
NETS	Neonatal Emergency Transport Service
NG or N/G	Nasogastric
NHL	Non-Hodgkin's Lymphoma
NIDDM	Non-Insulin Dependent Diabetes Mellitus
NIM	Nurse Initiated Medication
NIV	Non-Invasive Ventilation
NOAD	No Other Abnormality Detected
Nocte	At night
NOF	Neck of Femur
NPA	Nasopharyngeal Aspirate
NR	Nodal Rhythm



No.	Number
NWB	Non Weight Bearing
<b>'O'</b>	
O <sub>2</sub> Sat.	Oxygen Saturation
Obs.	Observation
OCD	Obsessional Compulsive Disorder
O/A	On Admission Or On Arrival
O/E	On Examination
OD	Overdose
ODD	Oppositional Defiant Disorder
OG	Orogastric
Oint.	Ointment
O/P	Oropharynx
OPD	Outpatients Department
ORIF	Open Reduction Internal Fixation
OR	Operating Rooms
OT	Operating Theatre or Occupational Therapy
<b>'P'</b>	
PEDOC	Paediatric Emergency Department Observation Chart
P (number)	Parity
PAC	Pressure Area Care
PAH	Pulmonary Arterial Hypertension
PBSCT	Peripheral Blood Stem Cell Transplantation
PC	Packed Cells
PCA	Patient Controlled Analgesia
Pct	Procalcitonin
PCP	Pneumocystis Pneumonia
Plt	Platelet
pCO <sub>2</sub>	Partial Pressure Of Carbon Dioxide
PICU	Paediatric Intensive Care Unit
<b>Abbreviation</b>	<b>Description (Meaning)</b>
PE	Pulmonary Embolism
PEARL	Pupils Equal and Reactive to Light
PEEP	Positive End-Expiratory Pressure
PEP	Positive Expiratory Pressure
PEG	Percutaneous Endoscopic Gastrostomy
PET	Positron emission tomography
PEJ	Percutaneous Endoscopic Jejunostomy
Pess	Pessary
PF	Plantarflexion
PFT	Pulmonary Function Test
pH	Power of Hydrogen
PHx	Past History
PICC	Peripherally Inserted Central Catheter
PIP	Peak Inspiratory Pressure
PJ	Polyjoule
PKU	Phenylketonuria
PM	After Midday
PO	Oral, By Mouth, Orally
POB	Post-Operative Bath
POP	Plaster Of Paris
Post-op	Post-Operative

PR	Per Rectum
PRAT	Paediatric Risk Assessment Tool
Prem.	Prematurity
Pre-med.	Pre-Operative Medication
Pre-op	Pre-operative
PRN	When necessary
PROM	Passive Range of Motion
PSG	Polysomnography
Pt.	Patient
PPE	Personal Protective Equipment
PU	Passed Urine
PUF	Pick up frame
PUO	Pyrexia of unknown origin
PV	Per Vagina
P&V	Percussion and vibrations
PWB	Partial weight bearing
<b>'Q'</b>	
qid	Four times daily
<b>'R'</b>	
® or ®	Right
RBC	Red Blood Cells
Resp.	Respiratory
Rh	Rhesus Factor (Rh -ve or Rh +ve)
RIF	Right Iliac Fossa
RIH	Right Inguinal Hernia
RLL	Right Lower Lobe (Lung)
RLQ	Right Lower Quadrant
RML	Right Middle Lobe (Lung)
RNA	Ribonucleic Acid
ROM	Range Of Movement
R/O	Removal Of
RR	Respiratory Rate
RSV	Respiratory Syncytial Virus
RTL	Reacts To Light
RTW	Returned To Ward
RUL	Right Upper Lobe (Lung)
<b>Abbreviation</b>	<b>Description (Meaning)</b>
RUQ	Right Upper Quadrant
Rx	Treatment
R/V	Review
RVOT	Right Ventricular Outflow Tract
RUL	Right Upper Lobe
<b>'S'</b>	
S (1-5)	Sacral Vertebrae
SA	Sexual Assault
SAH	Subarachnoid Haemorrhage
SaO <sub>2</sub>	Arterial Oxygen Saturation / direct measurement of arterial blood
S/B	Seen By
SBR	Serum Bilirubin
SCH	Sydney Children's Hospital
SCUF	Slow Continuous Ultrafiltration
SCI	Subcutaneous Injection
SDH	Subdural Haematoma

SEEG	Stereotactic Electro-Encephalogram
SG	Specific Gravity
SLE	System Lupus Erythematosus
SLR	Straight Leg Raise
SLS	Single Leg Stand
SIADH	Secretion Of Inappropriate Antidiuretic Hormone
SMA	Spinal Muscular Atrophy
SIDS	Sudden Infant Death Syndrome
SIMV	Synchronised Intermittent Mandatory Ventilation
SOAP	Subjective Objective Action Plan
SOB	Short Of Breath
SOBOE	Shortness of Breath on Exertion
SOEOB	Sit on Edge of Bed
SOOB	Sit Out Of Bed
SPA	Suprapubic Aspiration
SpO <sub>2</sub>	Saturation of peripheral Oxygen
SNOC	Standard Newborn Observation Chart
SPOC	Standard Paediatric Observation Chart
SPECT	Single Photon Emission Computer Tomography
SPONT	Spontaneous
SSG	Split Skin Graft
SSS	Sick Sinus Syndrome
Stat	Immediately And Once Only (Statim)
STS	Sit to Stand
Subcut	Subcutaneous
Subling	Sublingual
Supp	Suppository
SUDI	Sudden Unexpected Death In Infancy
SVC	Superior Vena Cava
SVT	Supraventricular Tachycardia
S/O	Suction Out
S/V	Supervision
<b>'T'</b>	
T (1-12)	Thoracic e.g. T2 fracture
tab	Tablet
T&As	Tonsillectomy and adenoidectomy
TB	Tuberculosis
Tx	Treatment
TSH	Thyroid-Stimulating Hormone
TFT	Thyroid-Function Test
TOF	AVOID: Trial of Fluids/ Tracheoesophageal fistula/ Tetralogy of Fallot
TGA	Transposition of the Great Arteries
<b>Abbreviation</b>	<b>Description (Meaning)</b>
TBA	To be arranged
TBI	Traumatic Brain Injury
Temp	Temperature
TENS	Transcutaneous Electrical Nerve Stimulation
TFT	Thyroid Function Test
t/f or T/F	Transfer
TKVO	To Keep Vein Open

TLSO	Thoraco Lumbar Sacral Orthosis
TPN	Total Parenteral Nutrition
TPR	Temperature, Pulse, Respiration
TPT	Trans Pyloric Tube
TM	Tympaninc Membrane
TRAM	Transvenous Rectus Abdominis Myocutaneous Flap
TWB	Touch Weight-Bearing
T1DM	Type 1 Diabetes Mellitus
T2DM	Type 2 Diabetes Mellitus
<b>'U'</b>	
U/A	Urinalysis
UGI	Upper Gastrointestinal
UCBL	University of California Biomechanics Lab Orthosis
UEC	Urea, Electrolytes, Creatinine
Ur	Urea
U/O	Urine Output
Ung.	Ointment
URTI	Upperrespiratory Tract Infection
U/S	Ultrasound
UTI	Urinary Tract Infection
UWSD	Under Water Seal Drain
<b>'V'</b>	
VBG	Venous Blood Gas
VEB	Ventricular Ectopic Beats
VEEG	Video Electro-Encephalogram
VA	Visual Acuity
VC	Vital Capacity
VF	Ventricular Fibrillation
VFSS	Video Fluoroscopic Swallow Study
VIW	Viral Induced Wheeze
V/Q scan	Ventilation Perfusion Scan
VSD	Ventricular Septal Defect
VUJ	Vesico Ureteric Junction
VUR	Vesico Ureteric Reflux
VUTD	Vaccinations Up To Date
VV	Varicose Vein
VZV	Varicella Zoster Virus
<b>'W'</b>	
WBAT	Weight Bearing As Tolerated
WBC	White Blood Cells
WCC	White Cell Count
WO	Wrist Orthosis
WHO	Wrist Hand Orthosis
Wt	Weight
Wk	Week
WNL	Within Normal Limits
WPW	Wolf Parkinson White syndrome
W/U	Work-up
<b>'X', 'Y' &amp; 'Z' – Not applicable</b>	

## 7 Related Information

1. Australian Commission on Safety and Quality in HealthCare: Recommendations for Terminology, Abbreviations and Symbols used in the Prescribing and Administration of Medicines  
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