

## ABBREVIATIONS D/2010/14901[v4]

Policy Owner: Deputy Director Medical Services

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### Policy Statement

Abbreviations used in documentation in the Mater will be consistent and acceptable.

### Scope of Policy

This policy is aimed at all medical officers, nursing staff and pharmacists involved in prescribing, dispensing or administration of medications and at all staff involved in documentation in patient medical records.

### Roles and Responsibilities

All medical officers and nursing staff or pharmacists involved in the prescribing, administration or dispensing of medications must ensure that only acceptable abbreviations are used.

All staff involved in documentation in a patient's medical record must ensure that the record contains only standardised abbreviations. Abbreviations specific to a particular specialty must only be used within that clinical specialty.

### General Guidelines

1. Only abbreviations contained in the list are acceptable for use in the patient's medical record.
2. Abbreviations within clinical specialty must be used within the context of that specialty.
3. Abbreviations are acceptable on the Operating Room Registered Nurses Report **EXCEPT Right and Left** must not be abbreviated.
4. Procedures relating to this policy include:
  - i. For Prescribing Medicine
  - ii. For General Use
  - iii. For Use in Orthopaedics
  - iv. For Use in Acute/Cardiac Services
  - v. For Use in Renal Services
  - vi. For Use in Maternity Services
  - vii. For Use in Special Care Nursery

## ABBREVIATIONS FOR PRESCRIBING MEDICINE D/2010/14901[v4]

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### 1. Principles for Consistent Prescribing Terminology

- 1.1. Use plain English – avoid jargon.
- 1.2. Write in full – avoid using abbreviations wherever possible, including Latin abbreviations.
- 1.3. Print all text – especially drug names.
- 1.4. Use generic drug names:
  - **Exception may be made for combination products**, but only if the trade name adequately identifies the medication being prescribed. For example, if trade names are used, combination products containing penicillin (e.g. Augmentin®, Timentin®) may not be identified as penicillins.
  - **Exception may also be made where significant bioavailability issues exist**, for example cyclosporine, amphotericin.
- 1.5. Write drug names in full. NEVER abbreviate any drug name. Some examples of **unacceptable** drug name abbreviations are:
  - G-CSF (use filgrastim or lenograstim or pegfilgrastim).
  - AZT (use zidovudine).
  - 5-FU (use fluorouracil).
  - DTIC (use dacarbazine).
  - EPO (use epoetin).
  - TAC (use triamcinolone).

#### **Exception may be made for modified release products.**

For slow release, controlled release, continuous release or other modified release products, the description used in the trade name to denote the release characteristics should be included with the generic drug name, for example tramadol **SR**, carbamazepine **CR**.

**For multi-drug protocols, prescribe each drug in full and do not use acronyms**, for example do not prescribe chemotherapy as 'CHOOP'. Prescribe each drug separately.

- 1.6. Do not use chemical names/symbols, for example HCl (hydrochloric acid or hydrochloride) may be mistaken for KCl (potassium chloride).

**Do not include the salt of the chemical unless it is clinically significant**, for example mycophenolate mofetil or mycophenolate sodium. Where a salt is part of the name it should follow the drug name and not precede it.

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### 1.7. Dose

- **Use words or Hindu-Arabic numbers**, ie 1, 2, 3 etc  
**Do not use Roman numerals**, ie do not use ii for two, iii for three, v for five etc.
- **Use metric units**, such as gram or mL  
**Do not use apothecary units**, such as minims or drams.
- **Use a leading zero in front of a decimal point for a dose less than 1**, for example use 0.5 not .5.  
**Do not use trailing zeros**, for example use 5 not 5.0.
- **For oral liquid preparations, express dose in weight as well as volume**, for example in the case of morphine oral solution (5mg/mL) prescribe the dose in mg and confirm the volume in brackets: eg 10mg (2mL).
- **Express dosage frequency unambiguously**, for example use 'three times a week' not 'three times weekly' as the latter could be confused as 'every three weeks'.

### 1.8. Avoid fractions, for example:

- 1/7 could be interpreted as 'for one day', 'once daily', 'for one week' or 'once weekly'
- ½ could be interpreted as 'half' or as 'one to two'.

### 1.9. Do not use symbols.

### 1.10. Avoid acronyms or abbreviations for medical terms and procedure names on orders or prescriptions, for example avoid EBM meaning 'expressed breast milk'.

## 2. Acceptable Terms and Abbreviations

- 2.1. The following table lists the terms and abbreviations that are commonly used and understood and therefore considered acceptable for use. Where there is more than one acceptable term the preferred term is shown first in the right hand column.

**ABBREVIATIONS  
FOR PRESCRIBING MEDICINE  
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Intended Meaning	Acceptable Terms or Abbreviations
<b>Dose Frequency or Timing</b>	
(in the) morning	morning, mane
(at) midday	midday
(at) night	night, nocte
twice a day	bd
three times a day	tds
four times a day	qid
every 4 hours	every 4 hrs, 4 hourly, 4 hrly
every 6 hours	every 6 hrs, 6 hourly, 6 hrly
every 8 hours	every 8 hrs, 8 hourly, 8 hrly
once a week	once a week <b>and</b> specify the day in full, eg, once a week on Tuesdays
three times a week	three times a week <b>and</b> specify the exact days in full, eg three times a week on Mondays, Wednesdays and Saturdays
when required	prn
immediately	stat
before food	before food
after food	after food
with food	with food
<b>Route of Administration</b>	
epidural	epidural
inhale, inhalation	inhale, inhalation
intraarticular	intraarticular
intramuscular	IM
intrathecal	intrathecal
intranasal	intranasal
intravenous	IV
irrigation	irrigation

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Intended Meaning	Acceptable Terms or Abbreviations
<b>Route of Administration</b>	
left	left
nebulised	NEB
naso-gastric	NG
oral	PO
percutaneous enteral gastrostomy	PEG
per vagina	PV
per rectum	PR
peripherally inserted central catheter	PICC
right	right
subcutaneous	subcut
sublingual	subling
topical	topical
sublingual	subling
<b>Units of Measure and Concentration</b>	
gram(s)	g
International unit(s)	International unit(s)
unit(s)	unit(s)
litre(s)	L
milligram(s)	mg
millilitre(s)	mL
microgram(s)	microgram, microg
percentage	%
millimole	mmol
<b>Dose Forms</b>	
capsule	cap
cream	cream
ear drops	ear drops
ear ointment	ear ointment
eye drops	eye drops
eye ointment	eye ointment
injection	inj
metered dose inhaler	metered dose inhaler, inhaler, MDI

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Intended Meaning	Acceptable Terms or Abbreviations
<b>Dose Forms</b>	
mixture	mixture
ointment	ointment, oint
pessary	pepp
powder	powder
suppository	supp
tablet	tablet, tab
patient controlled analgesia	PCA

**3. Error-prone Abbreviations, Symbols and Dose Designations to be Avoided**

3.1. Adapted from the Institute of Safe Medication Practices (ISMP) list of the same name<sup>4</sup>, with permission from ISMP).

Error-prone Abbreviation <b>X</b>	Intended Meaning	Why?	What should be Used  ✓
µg, mcg or ug	microgram	Mistaken as 'mg'	microg, microgram
BID or bid	twice daily	Mistaken as 'tid' (three times daily)	bd
BT or bt	bedtime	Mistaken as 'BID' (twice daily)	bedtime
cc	cubic centimetres	Mistaken as 'u' (units)	mL
D/C	discharge or discontinue	Premature discontinuation of medications if discharge intended	'discharge' or 'discontinue' whichever is intended
e or E	ear or eye	Mistaken for 'ear' when 'eye' intended or for 'eye' when 'ear' intended	'eye' or 'ear' and specify whether 'left', 'right' or 'both'
gtt or gutte	drops	Latin abbreviation meaning 'drops', not universally understood	'drops' or 'eye drops' whichever is intended

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<b>Error-prone Abbreviation X</b>	<b>Intended Meaning</b>	<b>Why?</b>	<b>What should be Used ✓</b>
HS hs	half-strength at bedtime, hours of sleep	Mistaken as bedtime Mistaken as half-strength	'half-strength' or 'bedtime' whichever is intended
IJ	Injection	Mistaken as 'IV' or 'intrajugular'	inj, injection
IN	intranasal	Mistaken as 'IMI' or 'IV'	intranasal
IT	intrathecal	Mistaken as Intravenous	intrathecal
IU	International units	Mistaken as 'IV' (Intravenous) or '10' (ten)	International units
IVI	Intravenous injection	Mistaken as 'IV 1'	IV inj or IV injection
M	morning	Mistaken for 'n' (night)	morning
N	night	Mistaken for 'm' (morning)	night
Oc or Occ	eye ointment	Mistaken for eye drops	eye ointment
mist	mixture	Latin abbreviation, not universally understood	mixture
o.d. or OD	once daily	Mistaken as 'right eye' (OD-oculus dexter), leading to oral liquid medications administered in the eye. Can also be mistaken for BD (twice daily)	'daily', preferably specifying the time of the day, eg 'morning', 'midday', 'at night'
OJ	orange juice	Mistaken as 'OD' or 'OS' (right or left eye); drugs meant to be diluted in orange juice may be given in the eye	orange juice
OW	once a week	Not universally understood	once a week
p/f	per fortnight	Not universally understood	every two weeks, per fortnight

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<b>Error-prone Abbreviation X</b>	<b>Intended Meaning</b>	<b>Why?</b>	<b>What should be Used</b> ✓
qd or QD	every day	Mistaken as 'Qid', especially if the period after the 'q' or the tail of the 'q' is misunderstood as an 'l'	daily
pulv	powder	Latin abbreviation, not universally understood	powder
Qhs	nightly at bedtime	Mistaken as 'qhr' or every hour	'night', 'daily at bedtime'
Qh	every hour	Not universally understood	'hourly', 'every hour'
qod or QOD	every other day	Mistaken as 'qd' (daily) or 'qid' (four times daily)	'every second day', 'on alternate days'
Q6PM etc	every evening at 6 pm	Mistaken as every six hours	'6pm daily', 'every night at 6pm', 'every day at 6 pm'
SC	subcutaneous	Mistaken as 'SL' (Sublingual)	'subcut', 'subcutaneous'
SL or S/L	sublingual	Mistaken as 'SC' (Subcutaneous)	'subling', 'under the tongue'
Ss	sliding scale (insulin) or half (apothecary)	Mistaken as '55'	'sliding scale' or 'half' whichever is intended
SSRI or SSI	sliding scale regular insulin or sliding scale insulin	Mistaken as selective serotonin reuptake inhibitor; Mistaken as Strong Solution of Iodine (Lugols)	sliding scale insulin
TID	three times a day	Mistaken as 'bd'	tds
TIW	three times a week	Mistaken as 'three times daily'	'three times a week' and specify exact days in full, for example 'on Mondays, Wednesdays and Saturdays'
i/D	one daily	Mistaken as 'tid'	one daily



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<b>Error-prone Abbreviation X</b>	<b>Intended Meaning</b>	<b>Why?</b>	<b>What should be Used</b> ✓
U or u	unit	Mistaken as the numbers '0' or '4', causing a 10-fold overdose or greater (eg 4U seen as '40' or 4u seen as '44'). Mistaken as 'cc' so dose given as a volume instead of units (eg 4u seen as 4 cc)	unit
ung	ointment	Latin abbreviation, not universally understood	ointment

<b>Error-prone Frequency and Dosage Abbreviations X</b>	<b>Intended Meaning</b>	<b>Why?</b>	<b>What should be Used</b> ✓
6/24	every six hours	Mistaken as 'six times a day'	'every 6 hrs', '6 hourly', '6 hrly'
1/7	for one day	Mistaken as 'for one week'	for one day only
½	half	Mistaken as 'one or two'	half
i, ii, iii, iv (Roman numerals)	1, 2, 3, 4 etc.		Hindu-Arabic numbers, 1, 2, 3, 4 etc or words

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<b>Error-prone Dose Designations and Other Information X</b>	<b>Intended Meaning</b>	<b>Why?</b>	<b>What should be Used</b>
			✓
Trailing zero after decimal point (eg 1.0mg)	mg	Mistaken as 10mg if the decimal point is not seen	Do not use trailing zeros for doses expressed in whole numbers
No leading zero before a decimal point (eg. .5mg)	0.5mg	Mistaken as 5mg if the decimal point is not seen	Use zero before a decimal point when the dose is less than a whole unit
Large doses without properly placed commas (eg 100000units, 1000000 units)	100,000 units 1,000,000	100000 has been mistaken as 10,000, or 1,000,000; 1000000 has been mistaken as 100,000	For figures above 100 use words to express intent eg, one thousand, one million, six million etc. Otherwise use commas for dosing units at or above 1,000
10 <sup>6</sup> etc	one million	Not universally understood	Use one million or 1,000,000

<b>Error-prone Symbols X</b>	<b>Intended Meaning</b>	<b>Why?</b>	<b>What should be Used</b>
			✓
X3d	for three days	Mistaken as '3 doses'	for three days
> or <	greater than or less than	Mistaken or used as the opposite of intended; '<10' mistaken as '40'	'grater than' or 'less than'
/ (slash mark)	separates two doses or indicates 'per'	Mistaken as the number 1 eg '25 units/10units' misread as '25 units and 110 units'	'per' rather than a slash mark to separate doses
@	at	Mistaken as '2'	at
&	and	Mistaken as '2'	and
+	plus or and	Mistaken as '4'	and
°	hour	Mistaken as a zero (eg q2° seen as q20)	hour

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**A**

Ab	antibody
A.B.	apex beat
Abdo	abdominal
ABGs	arterial blood gases
ABP	arterial blood pressure
a.c.	before meals
A.F.	atrial flutter/fibrillation
Alb.	Albumin
Alk.	Alkaline
Alk. Phos	alkaline phosphatase
a.m.	before noon
A.M.A.	Australian Medical Association
Amps	ampoules
Ante	before
A.P and Lat	antero-posterior and lateral
asap	as soon as possible
AXR	abdominal X-ray
A.I.N	assistant in nursing

**B**

Ba	barium
Ba enema	barium enema
Ba meal	barium meal
BCC	basal cell carcinoma
BCG	Bacille Clamette-Geurin
b.d.	twice daily
biochem	biochemistry
BMR	basal metabolic rate
BNI	bladder neck incision
BNO	bowels not open
BP	blood pressure
BS	bowel sounds
BSL	blood sugar level
BUN	blood urea nitrogen

**C**

C1, C2, etc	cervical vertebra
Ca	carcinoma
CAL	chronic airways limitation
cap.	Capsule
CT	Computerised Axial Tomography
Cc	cubic centimetre

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CCF	congestive heart failure
CEO	Chief Executive Officer
Cm	centimetre
CNS	central nervous system
CO2	carbon dioxide
C/o	complains of
Cont	continue(d)
CPAP	continuous positive airway pressure
CPR	cardio-pulmonary resuscitation
Creat	creatinine
C & S	culture and sensitivity
CSF	cerebro-spinal fluid
CSSD	central sterile supply department
CSU	catheter specimen urine
CVA	cerebrovascular accident
CVC	central venous catheter
Cx	cervix
CXR	chest X-ray

### D

D and C	dilatation and curettage
D/C	discharge
DDON	Deputy Director of Nursing
DNA	dioxyribonucleic acid
D/O	day only
DOSA	day of surgery admission
DON	Director of Nursing
Dr	doctor
DTs	delirium tremors
DVT	deep vein thrombosis
D/W	discussed with

### E

E.coli	Escheria coli
ECG	electrocardiograph
Eg	for example
Emul	emulsion
EN	enrolled nurse
ENT	ear, nose and throat
ERCP	endoscopic retrograde cholangio pancreatogram
ESR	erthrocyte sedimentation rate
Etoh	alcohol
EUA	examination under anaesthetic
exc.	Excision

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**F**

FB	foreign body
FBC	fluid balance chart full blood count
Fe	iron
FESS	functional endoscopic sinus surgery
FI	for investigation
Fort	strong
F/S	frozen section
F/U	follow up
FWD	full ward diet

**G**

G	gram
GA	general anaesthetic
GP	general practitioner

**H**

Hb	haemoglobin
HBSA	hepatitis B surface antigen
HFNP	high-flow nasal prongs
HM	hudson mask
HNPU	has not passed urine
H/O	history of
HPU	has passed urine
Hr	hour
HR	heart rate
Hrly	hourly
Hx	history

**I**

ICU	intensive care unit
ID	identification
IDC	indwelling catheter
IDDM	insulin dependent diabetes mellitus
IgG, IgM	immunoglobulin
IHD	ischaemic heart disease
IMC	incomplete or inevitable miscarriage
IMI	intramuscular injection
I/O	insertion of
IOL	intraocular lens
IV	intravenous
IVP	intravenous pyelogram

**J**

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JVP jugular venous pressure

**K**

Kg kilogram

**L**

L1, L2 etc lumbar vertebrae  
(L) left  
L litre  
LA local anaesthetic  
Lap. Laprascopic  
Lat lateral  
LFT liver function test  
LMO local medical officer  
LOC level of consciousness  
LP lumbar puncture

**M**

M metre  
Mane in the morning  
MEg/L milli equivalents per litre  
met. Ca metastatic carcinoma  
mg milligram  
MI myocardial infarction  
midi at midday  
mist mixture  
mL millilitre  
mm millimetre  
mmHg millimetre of mercury  
mmol millimol  
mmol/L millimol per litre  
MO medical officer  
MRI medical resonance imaging  
MRSA multi resistant staph. Aureus  
MSU mid stream urine  
MUA manipulation of anaesthetic  
MVA motor vehicle accident

**N**

NBM nil by mouth  
neb spray  
NFO no further orders  
NFR not for resuscitation

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NG	nasogastric
NKA	nil known allergies
NIDDM	non insulin dependent diabetes mellitus
nocte	at night
NOK	next of kin
NP	nasal prongs
NRB	non-rebreather mask
NPU	not passed urine
N/S	normal saline
NUM	nurse unit manager

### O

O2	oxygen
O2 sats	oxygen saturation
obs	observation
O/E	on examination
O/N	overnight
OT	operating theatre

### P

p	pulse
pac	pressure area care
PAC	pre-admission clinic
pc	after meals
PC	packed cells
PCA	patient controlled analgesia
PE	pulmonary embolism
pH	acidity/alkalinity measure
pm	after midday
pr	per rectum
pre-med	pre medication
pre-op	pre operative
prn	when necessary
pt	patient
PU	passed urine
PUO	pyrexia of unknown origin
pV	per vagina
PVD	peripheral vascular disease

### Q

q4h	every four hours
qid	four times a day

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### R

(R)	right
Rh	rhesus factor
RIB	rest in bed
RIP	rest in peace
RMO	resident medical officer
RN	registered nurse
R/O	removal of
RTW	return to ward
Rx	treatment

### S

S1, S2 etc	sacral vertebrae
S/B	seen by
SCC	squamous cell carcinoma
SCI	subcutaneous injection
SG	specific gravity
SOB	shortness of breath
SOBOE	shortness of breath on exertion
sol.	Solution
SaO <sub>2</sub>	Saturation Arterial Oxygen (measured via arterial line)
SpO <sub>2</sub>	Saturation Pulse Oxygen
SR	sinus rhythm/ slow release
SSG	split skin graft
Staph.	Staphylococcus
stat	immediately and once only
Strep	streptococcus
subcut.	subcutaneous

### T

T1DM	type 1 diabetes mellitus
T2DM	type 2 diabetes mellitus
T and A	tonsillectomy and adnoidectomy
tab	tablet
TAH	total abdominal hysterectomy
TAHBSO	total abdominal hysterectomy and bilateral salpingo-oophrectomy
tds	three times a day
TEDs	thrombo-embolic stockings
temp	temperature
Tet,Tox	tetanus toxoid
TFT	thyroid function test
TIA	transient ischaemic attack
TKVO	to keep vein open
TPR	temperature, pulse, respiration
TURP	transurethral resection prostate



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**U**

u unit  
u/a urinalysis  
URTI upper respiratory track infection  
U/S ultrasound  
UTI urinary tract infection

**V**

VMO visiting medical officer  
VF ventricular fibrillation  
VT ventricular tachycardia

**W**

Wt weight

**X**

X-match cross match  
X-ray radiography

**Y**

yr year

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#	fracture
2ww	2 wheeled walker
4ww	4 wheeled walker
ACL	anterior cruciate ligament
CAM boot	controlled ankle movement boot
CPM	continuous passive movement
CR	closed reduction
DAA THR	direct anterior approach total hip replacement
FASF	four arm support frame
FWB	full weight bearing
HTO	high tibial osteotomy
MUA	manipulation under anaesthetic
NOF	neck of femur
NWB	non weight bearing
ORIF	open reduction internal fixation
POP	plaster of paris
PWB	partial weight bear
SCD	sequential calf compressors
STS	sit to stand
ROM	range of motion
THR	total hip replacement
TKR	total knee replacement
TSR	total shoulder replacement
TWB	touch weight bearing
WBAT	weight bearing as tolerated

<p><b>ABBREVIATIONS</b> <b>FOR USE IN ACUTE/CARDIAC SERVICES</b> <b>D/2010/14901[v4]</b></p>
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ABP	arterial blood pressure
ALS	advanced life support
ATN	acute tubular necrosis
AV	assisted ventilation
BE	base excess
CI	cardiac index
CO	cardiac output
CV	controlled ventilation
DIC	disseminated intravascular coagulation
EMD	electromechanical dissociation
ETCO2	end tidal carbon dioxide
ETT	endotracheal tube
FEV1	forced expiratory volume in one second
FRC	functional respiratory capacity
FIO2	fractional inspired oxygen concentration
ICP	intracranial pressure
I:E	inspiratory/expiratory ratio
IMV	intermittant mandatory ventilation
I:T	inspiratory time
LBBB	left bundle branch block
MAP	mean arterial pressure
PA	pulmonary artery
PAP	pulmonary artery pressure
PaCO2	partial pressure of carbon dioxide
PaO2	partial pressure oxygen
PC	pressure cycled
PCWP	pulmonary capillary wedge pressure
PEA	pulseless electrical activity
PEEP	positive end expiratory pressure
PEFR	peak expiratory flow rate
PPV	positive pressure ventilation
PS	pressure support
RVEDP	right ventricular end diastolic pressure
RVEDV	right ventricular end diastolic volume
SVO2	mixed venous oxygen
SIMV	synchronized intermittant mandatory ventilation
SVR	systemic vascular resistance
SV	stroke volume
UAP	unstable angina pectoris
VA	alveolar ventilation
VC	vital capacity/volume cycled
VD	anatomical dead space
VE	minute ventilation
VT	tidal volume

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ACKD	acquired cystic kidney disease
ACPD	acquired polycystic kidney disease
AP	arterial pressure
APD	automated peritoneal dialysis
ARF	acute renal failure
BFR	blood flow rate
BPS	blood pump speed
BUN	blood, urea, nitrogen
CAPD	continuous ambulatory peritoneal dialysis
CaPO <sub>4</sub>	calcium phosphate
CAVH	continuous arteriovenous heamofiltration
COND	conductivity
CRF	chronic renal failure
CVVH	continuous veno-venous heamofiltration
CVVHD	continuous veno-venous heamodialysis
CVVHFD	continuous veno-venous high flux dialysis
ESRD	end stage renal disease
EPO	erythropoetin
Hct	haematocrit
HD	haemodialysis
HDF	heamodialfiltration
HF	heamofiltration
HFD	high flux dialysis
IVVH	intermittent veno-venous haemofiltration
Kt/V	kenetic modelling
KUF	co-efficient of ultrafiltration
PD	peritoneal dialysis
PO	pulmonary oedema
QB	blood flow
QD	dialysate flow
QOL	quality of life
SCF	slow continuous filtration
SeFe	serum ferritin
SeMg	serum magnesium
TIBC	total iron binding capacity
Tx	transplant
UF	ultrafiltration
URR	urea reduction ratio
VP	venous pressure

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A/F	artificial feed
AFP	alphafeta protein
A/N	antenatal
ARM	artificial rupture of membranes
APH	antepartum haemorrhage
B/F	breastfeed
C/D	clean and dry
CPD	cephalopelvic disproportion
C/S	caesarian section
CTG	cardio tacograph
CVS	chorionic villi sample
Cx	cervix
EBM	expressed breast milk
ECTG	external cardio tacograph
EDB	epidural block
EDC	estimated date of confinement
F/C	firm and central (uterus)
FDIU	foetal death inutero
FSE	foetal scalp electrode
GBS	group B streptococcus
GDM	gestational diabetes mellitus
G/P	gravida/parity
GTT	glucose tolerance test
HSV	herpes simplex virus
HVS	high vaginal swab
IOL	induction of labour
IUCD	intrauterine contraception device
LMP	last menstrual period
LOA	left occiputo anterior
LOL	left occiputo lateral
LOP	left occiputo posterior
L/R	large rubra
LSCS	lower section caesarian section
LSA	left sacral anterior
LSP	left sacral posterior
LST	left sacral transverse
LVS	low vaginal swab
M/R	moderate rubra
N2O & O2	nitrous oxide and oxygen
NBF	Neville Barnes forceps
NVD	normal vaginal delivery
OA	occiputo anterior
OP	occiputo posterior
Palp	palpation
PE	pre-eclampsia

<p><b>ABBREVIATIONS</b> <b>FOR USE IN MATERNITY SERVICES</b> <b>D/2010/14901[v4]</b></p>
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PIH	pregnancy induced hypertensio	
PP	presenting part	
PPH	post partum haemorrhage	
PROM	prolonged/preterm rupture of membranes	
ROA	right occiputo anterior	
ROL	right occiputo lateral	
ROP	right occiputo posterior	
RSA	right sacral anterior	
RSP	right sacral posterior	
RST	right sacral transverse	
S/R	small rubra	
SRM	spontaneous rupture of membranes	
SVD	spontaneous vaginal delivery	
TOS	trial of scar	
U/S	ultrasound	
VDRL	venereal disease research laboratory	
VE	vaginal examination	

**ABBREVIATIONS  
FOR USE IN SPECIAL CARE NURSERY  
D/2010/14901[v4]**

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AGA	appropriate for gestational age
BBA	born before arrival
CPAP	continuous positive airway pressure
HMD	hyaline membrane disease
HNPM	has not passed meconium
IDM	infant of diabetic mother
IPPV	intermittent positive pressure ventilation
IGT	intra gastric tube
IUGR	intrauterine growth restriction
LGA	large for gestational age
NETS	newborn emergency transport services
NICU	neonatal intensive care unit
OGT	orogastric tube
RDS	respiratory distress syndrome
SGA	small for gestational age
TTN	transient tachypnoea of the newborn

## ABBREVIATIONS D/2010/14901[v4]

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### Evaluation

Compliance with correct use of abbreviations included in 2<sup>nd</sup> yearly clinical documentation audit.

### National Safety & Quality Health Service (NSQHS) Standards

Standard 1 - Clinical Governance  
Standard 4 - Medication Safety  
Standard 6 – Communicating for Safety

### References

Australian Commission on Safety and Quality in Health Care (2016), Recommendations for terminology, abbreviations and symbols used in medicines documentation. ACSQHC, Sydney. Accessed 01/06/2020

### Revision History

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