

## **APPROVED ABBREVIATIONS LIST**

### **Application**

Effective Date	Programme Application
June 2022	Allowah Presbyterian Children's
	Hospital

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<b>Policy Review</b>	Executive Leadership Team (ELT)
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### Approved / Reviewed

Approved by	Date	Review date
ELT 22.0706.02	6 June 2022	June 2024

### **Document Control**

Issue	Date	Author	<b>Change Description</b>
2	June 2022	V. Leighton	Scheduled review

## Other relevant policies

## **Document Summary / Key Points:**

This policy lists the approved abbreviations and symbols that may be used in patient's health care record.

### Change Summary:

• Scheduled review – Abbreviation list updated. Sections 1-5 added.



#### Safe Work Practices



PATIENT / PARENT EDUCATION



HAND HYGIENE



TAKE CARE WITH SHARPS



STANDARD PRE-CAUTIONS



ADDITIONAL INFECTION CONTROL PRECAUTIONS



BACK CARE MANUAL HANDLING



MAINTAIN ELECTRICAL SAFETY



SPILLS ARE HAZARDOUS



**COMPETENCY** 

1.REFERS TO

The Abbreviation Policy lists the approved abbreviations and symbols that may be used in patient's health care record. (Ministry of Health PD2012\_069 Health Care Records - Documentation and Management).

### 2.PURPOSE

This policy contains the authorised list of abbreviations to be used at Allowah Presbyterian Children's Hospital. It applies to all health care records whether hard copy, electronic, a hybrid of both or in other forms.

### 3. POLICY STATEMENT

All staff will document only approved abbreviations and symbols in patient's health care record. (Ministry of Health PD2012\_069 Health Care Records - Documentation and Management). This applies to all forms of the health care record, hard copy, electronic, a hybrid of both or in other forms. The use of abbreviations is not permitted when documenting on consent forms.

### 4.INTRODUCTION

All health care 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.

## **5.THE 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 health care 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.

### **6.ABBREVIATIONS LIST**

	A
ac	Ante cibum= before meals
addit	In addition or add
ADD	Attention Deficit disorder
ADHD	Attention Deficit hyperactivity disorder
ADL	Activities of Daily Living
AFO	Ankle Foot Orthosis
AIDS	Acquired Immune Deficiency Syndrome
am	Morning
ant.	Anterior
Appt.	Appointment
ASAP.	As soon as possible
AIN	Assistant in Nursing
Ax	Assessment
ATOR	At time of report



APCH	Allowah Presbyterian Children's Hospital	
	В	
bd	Bis in diem = twice daily	
BNO	Bowels Not Open	
BO	Bowels Open  Bowels Open	
BP	Blood Pressure	
BSL		
b/w	Blood Sugar Level	
	Between Petween the Flore	
BTF Bi-PAP	Between the Flags	
	Biphasic Positive Air Pressure	
BSP	Behaviour Support Plan	
BPM	Beats per minute	
10	C	
/C	With	
Cal.	Calorie	
Сар.	Capsule	
CEO	Chief Executive Officer	
CMV	Cytomegalovirus	
CNS	Central nervous system	
CNC	Clinical Nurse Consultant	
CO2	Carbon Dioxide	
CPR	Cardiopulmonary Resuscitation	
CSF	Cerebrospinal Fluid	
CT	Computerised Tomography	
C.X.R.	Chest X-ray	
CP	Cerebral Palsy	
C-Pap	Continuous Positive Air Pressure	
CALD	Culturally and Linguistically Diverse	
	D	
D/C	Discharge	
DON	Director of Nursing	
Dr	Doctor	
DOB	Date of birth	
DVT	Deep Vein Thrombosis	
D/W	Discussed with	
Dx	Diagnosis	
DD	Developmental Disability	
DSS	Disability Support Services	
DCJ	Department of Communities and Justice	



	E	
ECG		
E Coli	Electrocardiograph Escherichia coli	
EEG	Electroencephalograph	
E.N.	Enrolled Nurse	
ENT	Ear, Nose and Throat	
EEN	Endorsed Enrolled Nurse	
EOL	End of Life	
	_	
	F	
FBC	Full Blood Count	
F.H.	Family history	
F/I	For investigation	
FT	Full time	
FTT	Failure To Thrive	
F/U	Follow up	
Fa.	father	
	G	
G	Via gastrostomy	
GA	General Anaesthetic	
GIT	Gastrointestinal tract	
GORD	Gastroesophageal reflux disease	
G-Y	Gastrostomy	
GMFCS	Gross Motor Function Classification Scale	
G'mo	Grandmother	
G'fa	Grandfather	
G/P	Gatepass	
GP	General Practitioner	
	Н	
Hb.	Haemoglobin	
HCO3	Bicarbonate	
HNPU.	Has not passed urine	
Hx/O	History of	
HPU	Has passed urine	
Ht	Height	
Нх	History	
H/O	Handover	
HMV	Human metapneumovirus	
L		



ICU	Intensive Care Unit		
IDC	Indwelling Catheter		
IMI	Intramuscular Injection		
I/O	Insertion of		
IV	Intravenous		
IP	Intervention Pathway		
In situ	in position		
	'		
	K		
kg.	Kilogram		
k.j.	Kilojoules		
,			
	L		
liq	Liquid		
LFT	Liver Function Test		
LSCS	Lower Segment Caesarean Section		
(L)	Left		
	M		
M/A	Moderate amount		
Mane	In the morning		
Max.	Maximum		
MBS	Modified Barium Swallow		
Meds	Medications		
mg	Milligram		
MIDI	At mid-day		
Min.	Minimal		
mist	Mixture		
Mod	Moderate		
MO	Medical Officer		
MRSA	Multi-Resistant Staphylococcus Aureus		
MVA	Motor Vehicle Accident		
Mx	Management		
Mo.	mother		
	N		
NAD	No Abnormalities Detected		
NBM	Nil by mouth		
Neb	Nebulizer		



NESB	Non English Speaking Background		
NFO	No further orders		
NFR	Not For Resuscitation		
NG	Nasogastric		
NGT	Nasogastric tube		
Nocte	At night		
NOK	Next of Kin		
N/S	Normal saline		
NUM	Nursing Unit Manager		
NKA	No Known allergies		
NKDA	No Known drug allergies		
NOK	Next of kin		
NP	Nasal prongs		
NPA	Nasal prongs airway		
NPO2	Nasal prong oxygen		
NRB	Non rebreather (mask)		
N/S	Normal saline		
	0		
0	Oral		
O2	Oxygen		
Obs.	Observations		
O.T.	Occupational Therapist		
OE	On examination		
Oint	Ointment		
O/N	Overnight		
Ortho	Orthopaedics		
O2 Sats	Oxygen saturation		
OD	Overdose		
OT	Occupational Therapist		
	Р		
рс	After meals		
PE	Pulmonary embolism		
	Physical examination		
PEG	Percutaneous Endoscopic Gastrostomy		
pН	Measurement to determine acid-base balance		
p/call	Phone call		
Physio or PT	Physiotherapist		
P.K.U.	Phenylketonuria		
pm	Afternoon		
PUIT	Passed urine in toilet		
PO	By mouth, orally		



Plaster of Paris		
Permanent Part Time		
Per rectum		
Premature		
Previous treatment		
When necessary but not more than 4 hourly without		
doctor's orders		
Patient		
Posterior		
Post operatively		
Passed Urine		
Pre medication		
Powered wheelchair		
Personal Protective Equipment		
Q		
Every four hours		
Every six hours		
Four times a daily		
R		
Room air		
Red Blood Cells		
Respiratory Distress Syndrome		
Regarding		
Rehabilitation		
Right		
Registered Nurse		
Registered Nurse in Charge		
Removal of		
Repeat		
Range of movement		
Review		
Treatment, prescription		
Respiratory Rate		
S		
Small amount		
Oxygen saturation		
Seen by		
Shortness of breath		
Siblings		



SIDS	Sudden Infant Death Syndrome
SP	Speech Pathologist
stat.	Immediately and nce only (statim)
STD	Sexually Transmitted Disease
S.W.	Support Worker
	Т
T's & A's	Tonsillectomy and adenoidectomy
T.A.	Tendoachilles
Tab.	Tablet
TB	Tuberculosis
TBA	To be arranged
t.d.s	Three times daily
tet-tox	Tetanus toxoid
TLC	Tender loving care
Temp.	Temperature
T.O.R.C.H.	Toxoplasmosis, others, Rubella, Cytomegalovirus,
	Herpes simplex
TPR	Temperature, pulse and respiration
t/f	transfer
	U
U/A	Urinalysis
U/O	Urine output
U.E.C.	Urea Electrolytes Creatinine
URT	Upper Respiratory Tract
URTI	Upper Respiratory Tract Infection
U/S	Ultrasound
ung	Ointment
U.T.I.	Urinary Tract Infection
	V
VMO.	Visiting Medical Officer
V & D	Vomiting and diarrhoea
	W
W.B.C.	White Blood Count
WNL.	Within normal limits
Wt	Weight



w/ch	wheelchair
XR	X-ray
CXR	Chest X-ray
	SYMBOLS
ш	Fracture
#	
<u> </u>	Decrease
1	Increase
°C	Degrees Centigrade
<b>ω</b> ε	Positive
-ve	Negative
>	Greater than
<	Less than
1/24	1 hour
1/7	1 day
1/52	1 week
1/12	1 month
@	at
&	and
+	Slight trace
++	Trace
+++	Moderate trace
++++	Large trace
%	Percentage

### 7.REFERENCES

NSW Ministry of Health PD2012\_069 Health Care Records - Documentation and Management

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

Sydney Children's Hospital Network (SCHN). Approved Abbreviation List for use in Medical Records. 2016-9005 v2