



# Preferred Clinical Abbreviation List

V1.6 (27 February 2013)

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**27 February 2013 v1.6**

## **Introduction**

Abbreviations have a long tradition in medicine and used correctly can assist in the rapid communication of information about a patient. However, since some abbreviations can have multiple meanings, or are only used regularly within one speciality, using them can represent a hazard to the patient if the abbreviation is misinterpreted.

Whilst writing information in full will always be preferred as the best way to avoid ambiguity, it is accepted that they are commonly used in medical communications.

As a means of promoting the accurate transfer of information between professionals and striking a practical balance, this document acts as a list of approved abbreviations which can be used in interagency communications. It will also provide patients with a dictionary of medical abbreviations helping them to understand medical records and correspondence.

The most obvious use of such a directory will be the transfer of information between primary and secondary care. However, it is also useful for writing patient notes to assist trainees, locums and other specialities, or when primary care notes are transferred between practices as patients move.

Abbreviations not included in this document should be written in full in correspondence between agencies.

Dr Jonathan Harness  
On behalf of Gateshead Information Network.

Abbreviation	Translation
/7	Days
/52	Weeks
/40	Weeks Gestation
/12	Months
+ / ++ / +++	Present or Noted / Present Significantly / Present in Excess
=	Equivalent to
AAA	Abdominal Aortic Aneurysm
ABG	Arterial Blood Gas also "Sats"
ACEI	Angiotensin Converting Enzyme (ACE) Inhibitor
ACL	Anterior Cruciate Ligament
A/E	Air Entry to Lungs
A&E	Accident and Emergency
AF	Atrial Fibrillation
ARB	Angiotensin Receptor Blocker
ASD	Atrial Septal Defect
AXR	Abdominal X-Ray
bd/bid	Twice a Day
BCC	Basal Cell Carcinoma
BFZ	Bendroflumethiazide
BMI	Body Mass Index
BNO	Bowels Not Opened
BO	Bowels Open
BP	Blood Pressure
DBP	Diastolic Blood Pressure
SBP	Systolic Blood Pressure
CABG/S or CAG/S	Coronary Artery (Bypass) Graft/Surgery
CCB	Calcium Channel Blocker
CFS	Chronic Fatigue Syndrome
CHD	Coronary Heart Disease
CNS	Central Nervous System
C/o	Complains of
(COAD)	Chronic Obstructive Airways Disease (COPD preferred)
COCP	Combined Oral Contraceptive
COPD	Chronic Obstructive Pulmonary Disease
Cr	Creatinine
CSU	Catheter specimen of urine
CT	Computerised Axial Tomography
CTG	Cardiotocograph
CVA	Cerebrovascular Accident

CVD	Cardiovascular Disease
CVS	Cardiovascular System
CX or Cx	Cervix
CXR	Chest X-ray
D&V	Diarrhoea and Vomiting
D/H	Drug History
DIP, PIP	Dorsal/proximal interphalangeal joints
DLE	Discoid Lupus Erythematosus
DM	Diabetes Mellitus
DNA	Did Not Attend
DNAR	Do Not Attempt Resuscitation
DVT	Deep Vein Thrombosis
DXT	Deep X-ray Treatment
ECG	Electrocardiograph
EEG	Electroencephalogram
ENT	Ear, Nose & Throat
EPAU	Early Pregnancy Assessment Unit
ESR	Erythrocyte Sedimentation Rate
FBC	Full Blood Count
FBG	Fasting Blood Glucose
F/H or FH	Family History
FHH/R	Foetal Heart Heard/Regular
FRH	Freeman Road Hospital
FROM	Full Range of Movement
FTND	Full Term Normal Delivery
GCS	Glasgow Coma Scale
GI or GIT	Gastro Intestinal/Tract
GORD	Gastro-Oesophageal Reflux Disease
GUT or GUS	Genito Urinary Tract/ System
GUM	Genito-Urinary Medicine
Hb	Haemoglobin
HI	Head Injury
HNPU	Has Not Passed Urine
HR	Heart Rate
HS	Heart Sounds
Ht	Height
Hx	History (of complaint)
IBD	Irritable Bowel Disease
IBS	Inflammatory Bowel Syndrome
IGT	Impaired Glucose Tolerance

IGTN	In Growing Toenail
IMB	Intermenstrual Bleeding
IOP	Intra-ocular Pressure
IUCD	Intra-uterine contraceptive device
IUD	Intra-uterine death
IUS	Intra-uterine system
IVP	Intravenous Pyelogram
Ix	Investigations
JVP	Jugular Venous Pressure
K+	Potassium
KUB	Kidneys, Ureters, Bladder (xray)
LFT	Liver Function Test
LIF	Left Iliac Fossa
LIH	Left Inguinal Hernia
LOC	Loss of Consciousness
LN	Lymph Node
LP	Lumbar puncture
L/R/ IH	Left or Right Inguinal Hernia
LSCS	Lower (Uterine) Segment Caesarean section
LUQ	Left Upper Quadrant
LVDD	Left Ventricular Diastolic Dysfunction
LVSD	Left Ventricular Systolic Dysfunction
Mane	In the Morning
MAU	Medical Admissions Unit
MCV	Mean Corpuscular Volume
ME	Myalgic Encephalomyelitis (Chronic Fatigue Syndrome preferred)
MET/S	Metastases
MI	Myocardial infarction (NSTEMI or STEMI preferred)
MRI	Magnetic Resonance Imaging
MS	Multiple Sclerosis (Write in full: Mitral Stenosis)
MSK	Musculo-Skeletal System
MSE	Mental State Examination
MSU	Mid-Stream Urine Sample (for culture and sensitivity)
MTX	Methotrexate
Na+	Sodium
NAD	Nothing Abnormal Discovered
NBI	No Bone Injury
Nocte	At Night
NSTEMI	Non ST Elevation Myocardial Infarction
N&V	Nausea & Vomiting

OA	Osteoarthritis
o.d.	Once a Day
O/E	On Examination
OGD	Oesophago-gastro-duodenoscopy
OGTT	Oral Glucose Tolerance Test
on	At Night (when written next to medication dosing only)
om	In the Morning (when written next to medication dosing only)
OM	Otitis Media
ORIF	Open Reduction and Internal Fixation (of fracture)
otc	Over the counter (bought medication)
P	Pulse
PAD	Peripheral Arterial Disease
PCB	Post Coital Bleeding
PE	Pulmonary Embolism
PERLA	Pupils equal and reacting to light and accommodation
PF / PEFR	Peak Flow / peak expiratory flow rate
Plt	Platelets
PM	Post mortem examination
PMB	Post menstrual Bleeding
PMH also PHx	Previous Medical History
PND	Paroxysmal Nocturnal Dyspnoea
PO	Per Orim (by mouth)
POP	Progesterone Only Pill
PR	Per Rectum
PRN	As Required
PTCA	Percutaneous transluminal coronary angioplasty
PTSD	Post Traumatic Stress Disorder
PU	Peptic Ulcer OR Passed urine
PV	Per Vagina
PVD	Peripheral Vascular Disease
qds (or) qid	Four times a day
QEH	Queen Elizabeth Hospital
Resp / RR	Respiration (Rate)
RA	Rheumatoid Arthritis
RDS	Respiratory Distress Syndrome
RIF	Right Iliac Fossa
RIH	Right Inguinal Hernia
R/LIF	Right/Left Iliacfossa
RS	Respiratory System
RSI	Repetitive Strain Injury

(RTA)	Road Traffic Accident (write renal tubular acidosis in full) Note that whilst Road traffic accident is in common use, RTC is the preferred term.
RTC	Road Traffic Crash
RUQ	Right Upper Quadrant
RVI	Royal Victoria Infirmary
Rx	Prescription or Treatment
SBG	Serum Blood Glucose
SLR	Straight Leg Raising
SMR	Submucosal Resection
SOB	Short of Breath
SR	Sinus rhythm
SRH	Sunderland Royal Hospital
Stat	Immediately
STD	Sexually Transmitted Disease
STEMI	ST Elevation Myocardial Infarction
STI	Sexually Transmitted Infection
SVD	Spontaneous Vertex Delivery
Sx	Symptoms
SkXR	Skull X-ray
T	Temperature
TATT	Tired all the Time
TB	Tuberculosis
TCI	To come in-date or fact that a person is due to be admitted to hospital
tds (or) tid	Three Times a Day
TFTs	Thyroid Function Test
THR	Total Hip Replacement
TIA	Transient Ischaemic Attack
TKR	Total Knee Replacement
TM	Tympanic Membrane
TOP (M TOP/STOP)	Termination of pregnancy (Medical ~ / Surgical~)
TShR	Total Shoulder Replacement
TURP/T	Transurethral resection of Prostate / (Bladder) Tumour
UC	Ulcerative Colitis
U&Es	Urea and Electrolytes
USS	Ultra Sound Scan
UTI	Urinary Tract Infection
VF	Ventricular Fibrillation
VT	Ventricular Tachycardia
VTE	Venous Thromboembolism

wbc	White Blood Cell Count
Wd	Ward
Wt	Weight

### NON-PREFERRED ABBREVIATION LIST

#	<i>Fracture. May be written on hand written discharge letters. However, should not be used within EMIS. (Depending on EMIS settings may display either as # or as £)</i>
AR	<i>Ambiguous: could refer to Aortic Regurgitation or Aortic valve replacement. Write in full</i>
AS	<i>Ambiguous: could refer to Abdominal System or Aortic Stenosis. Write in full</i>
BS	<i>Ambiguous: could refer to Bowel sounds or breath sounds. Write in full.</i>
Ca	<i>Ambiguous: could refer to Carcinoma or calcium. Write in full</i>
CCF / CHF / HF	<i>Congestive cardiac (heart) failure. Use of more precise LVSD / LVDD is preferred. If diagnosis uncertain, CCF may be used.</i>
ED	<i>Ambiguous: could refer to Erectile Dysfunction or Emergency Department. Write in full</i>
GU	<i>Ambiguous: could refer to Genito-urinary or Gastric ulcer. Write in full</i>
MI	<i>Ambiguous: could refer to Mitral incompetence or Myocardial infarction. However, MI in regular use by all specialities, so may be used for Myocardial Infarction. Ideally write in full or use STEMI or NSTEMI, and write Mitral Incompetence</i>
MS	<i>Ambiguous: could refer to Multiple Sclerosis or Mitral Stenosis. However, MS is widely used by public for Multiple Sclerosis. Therefore, accepted for use as multiple sclerosis. Mitral stenosis should be written in full.</i>
PID	<i>Ambiguous. Could refer to Pelvic Inflammatory Disease OR Prolapsed Intervertebral Disc. Write in full</i>
RFT	<i>Ambiguous could refer to Renal (Kidney) Function tests OR Respiratory Function tests. Write in full</i>
R / L	<i>Right and left should be written in full</i>
STI	<i>Ambiguous: could refer to soft tissue injury OR sexually transmitted illness. Use NBI for non-bony injury and STD for sexually transmitted disease.</i>
VE	<i>Ambiguous: could refer to vaginal examination or ventricular ectopic.</i>
	<i>Should be written in full.</i>

### UNITS OF MEASURE

km / m / cm / mm	kilometre / metre / centimetre / millimetre
kg / g / mg / microg / pg	Kilogramme / gramme / milligramme / microgramme / picogramme
	<i>note: µg or mcg are not approved</i>
L / mL / microL / pL	Litre / millilitre / microlitre / picolitre
	<i>Note: µL is not approved</i>
mmHg	for measurement of blood pressure



units international units. Do not write iu.

Except to record what patients have reported, imperial measurements should not be used:

ft / in / st / lb / oz Feet / inches / stones / pounds / ounces  
*note: 'miles' should be written in full*

Acknowledgements: the abbreviations list is based in part on the RCGP abbreviation list. However, variations have been made to reflect local use (both to remove and add abbreviations.)

### **Preferred Abbreviation List**

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### **Version Control**

Amendments [v1.2] (following consultation with GPs and QEH):

- AS removed felt to be too ambiguous
- MCL removed felt not to be in common use
- mmHG changed to mmHg
- Ca removed felt to be too ambiguous
- Cr added
- Na+ added
- K+ added
- Plt added
- VTE added
- AoR removed: felt to be too ambiguous
- AMI changed to MI

Amendments [v1.4]:

- IOP Intraocular pressure added

Amendments [v1.5]

- Front page added, amendment to introduction

Amendments [v1.6]

- RTC added and note added to RTA that RTC is preferred term
- ED added to non-preferred list since ambiguous
- SRI amended to SRH
- CTG added
- TOP amended with MTOP and STOP qualifiers
- IBD added

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