

BEEBE HEALTHCARE

Health Information Management

Abbreviations, Symbols and Acronyms in the Medical Record	Date Issued: 1/04
Issued By: Jennifer Shearer, RHIA Health Information Management Director Approved By: Paul Pernice, Senior Vice President and CFO; Medical Records Committee	Revised: 8/04, 10/07, 1/08, 4/17, 8/22
<input type="checkbox"/> Condition of Participation <input checked="" type="checkbox"/> Joint Commission Standard IM.02.02.01 <input type="checkbox"/> Department Specific Regulation	Reviewed: 3/11, CPC 5/14, CPC 4/15

PURPOSE

To establish a uniform list of approved abbreviations and symbols, and to establish a standardized list of abbreviation, acronyms, symbols, and dose designations that are not to be used in the medical record.

SCOPE

Electronic Records at Beebe Healthcare that include orders, pre-printed forms, and medication related documentation. Medication related documentation may be either handwritten or electronic.

POLICY

Abbreviations, acronyms, and symbols may be used in the medical record only when they are clearly understood or listed in Stedman's Medical Dictionary: Abbreviations, Acronyms, and Symbols approved and adopted by the Medical Records Committee (original adoption date 7/31/13). In addition to book access, electronic access to Stedman's Medical Dictionary is through the link to the Beebe Library available in Cerner Power Chart, or via BeebeNet (Clinical Resources Page). The medical record should not contain abbreviations and symbols that pose a risk to patient safety (as listed on the "Official Do-Not-Use" list).

PROCEDURE

- a. Abbreviations, acronyms, and symbols should be used in the medical record only when their meaning is clearly understood or when they are listed in *Stedman's Medical Dictionary: Abbreviations, Acronyms, and Symbols* approved and adopted by the Medical Records Committee.

- b. Symbols and abbreviations should not be used when documenting final diagnoses and procedures in the discharge summary. Clinicians are discouraged from using abbreviations for medications and diagnoses of malignancies.

c. The list of unapproved abbreviations will be updated annually and modified to match changes made by the Joint Commission. The current list of unapproved abbreviations is as follows:

Joint Commission Official “Do Not Use” List¹

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d, qod(every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO ₄ and MgSO ₄	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

Note 1: A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for 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.

Note 2: The prohibited list applies to all orders, preprinted forms, and medication-related documentation. Medication-related documentation can be either handwritten or electronic.

REFERENCES

Joint Commission E-Dition Manual, Standards and Elements of Performance: Information Management – The Hospital Effectively Manages the Collection of Health Information. (IM. 02.02.01). <https://e-dition.jcrinc.com/ASearch.aspx> - (access via BeebeNet – Quality & Safety – Accreditation & Joint Commission – Joint Commission E-Dition Manual).

Atwood, E. (Ed). (2013). *Stedman's Medical Abbreviations, Acronyms & Symbols*. (5th ed.). Wolters Kluwer Health/Lippincott Williams & Wilkins.