

NHS Newcastle Gateshead Clinical Commissioning Group



Preferred Clinical Abbreviation List

Release 5 (17 June 2018)

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17 June 2018 v5

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 Newcastle 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"
ACC	Ambulatory Care Clinic (Gateshead)
ACEI	Angiotensin Converting Enzyme (ACE) Inhibitor
ACL	Anterior Cruciate Ligament
ADRT	Advance Decision to Refuse Treatment
A/E	Air Entry to Lungs
A&E	Accident and Emergency (phasing out in favour of Emergency Dept)
AF	Atrial Fibrillation
AFP	Alpha Fetaprotein
ALL / AML	Acute Lymphoblastic Leukaemia / Acute Myeloid Leukaemia
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
ССВ	Calcium Channel Blocker
CFS	Chronic Fatigue Syndrome
(CHD)	(Coronary Heart Disease – Ischaemic Heart Disease preferred)
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
СТ	Computerised Axial Tomography
CTG	Cardiotocograph
CVA	Cerebrovascular Accident
CVD	Cardiovascular Disease
CVS	Cardiovascular System
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 (Sometimes written as DNACPR)
DVT	Deep Vein Thrombosis
EAU	Emergency Assessment Unit
ECC	Emergency Care Centre (Gateshead)
ECG	Electrocardiograph
EEG	Electroencephalogram
EMG	Electromyography
ENT	Ear, Nose & Throat
EPAU	Early Pregnancy Assessment Unit
ERCP	Endoscopic Retrograde Cholangiopancreatography
ERPC	Evacuation of Retained Products of Conception
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
GTN	Glyceryl Trinitrate
GUT or GUS	Genito Urinary Tract/ System
GUM	Genito-Urinary Medicine
HAV/ HBV / HCV /	Hepatitis [A, B, C, D or E] Virus. (Hep A, Hep B etc is sometimes used)
HDV / HEV	

Hb	Haemoglobin
н	Head Injury
HL / NHL	Hodgkins Lymphoma / Non-Hodgkins Lymphoma
HNPU	Has Not Passed Urine
HR	Heart Rate
HS	Heart Sounds
Ht	Height
Hx	History (of complaint)
IBD	Inflammatory Bowel Disease
IBS	Irritable Bowel Syndrome
ICD	Implantable Cardioverter Defibrillator (or Internal Cardiac Defibrillator)
IGT	Impaired Glucose Tolerance
IGTN	In Growing Toenail
IHD	Ischaemic Heart Disease
IMB	Intermenstrual Bleeding
IOP	Intra-ocular Pressure
ITP	Idiopathic Thrombocytopaenia Purpura
IUCD	Intra-uterine contraceptive device
IUD	Intra-uterine death
IUS	Intra-uterine system
IVP	Intravenous Pyelogram
lx	Investigations
JVP	Jugular Venous Pressure
K+	Potassium
KUB	Kidneys, Ureters, Bladder (xray)
LAD	Left Anterior Descending Artery (of heart)
LBBB	Left Bundle Branch Block
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 (for Gateshead EAU now used)

MCV	Mean Corpuscular Volume
MDS	Myelodysplastic Syndrome
MDT	Multi-disciplinary Team
ME	Myalgic Encephalomyelitis (Chronic Fatigue Syndrome preferred)
MET/S	Metastases
МІ	Myocardial infarction (NSTEMI or STEMI preferred)
MPD	Myeloproliferative Disorder (sometimes written MPN)
MRCP	Magnetic Resonance Cholangiopancreatography
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
NVD	Normal Vaginal Delivery
O2	Oxygen
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)
Р	Pulse
PAD	Peripheral Arterial Disease
PBC	Primary Biliary Cirrhosis
РСВ	Post Coital Bleeding
PCI	Percutaneous Coronary Intervention
PE	Pulmonary Embolism
PEG	Percutaneous Endoscopic Gastrostomy
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 Menopausal Bleeding
PMH also PHx	Previous Medical History
PMR	Polymyalgia Rheumatica
PND	Paroxysmal Nocturnal Dyspnoea
PO	Per Orim (by mouth)
POP	Progesterone Only Pill
PR	Per Rectum
PRN	As Required
PSC	Primary Sclerosing Cholangitis
PTCA	Percutaneous transluminal coronary angioplasty
PTSD	Post Traumatic Stress Disorder
PU	Peptic Ulcer OR Passed urine
PRV	Polycythaemia Rubra Vera
PV	Per Vagina
(PVD)	Peripheral Vascular Disease (peripheral arterial disease preferred)
qds (or) qid	Four times a day
QEH	Queen Elizabeth Hospital
Resp / RR	Respiration (Rate)
RA	Rheumatoid Arthritis
RBBB	Right Bundle Branch Block
RCA	Right Coronary Artery (of the heart)
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
1	

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
т	Temperature
TAH ± BSO	Total Abdominal Hysterectomy ± Bilateral Salpingo-oophorectomy
ТАТТ	Tired all the Time
ТВ	Tuberculosis
тсі	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
ТМ	Tympanic Membrane
TOP (MTOP/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
UHND	University Hospital of North Durham
USS	Ultra Sound Scan
UTI	Urinary Tract Infection
VF	Ventricular Fibrillation
VSD	Ventricular Septal Defect
VT	Ventricular Tachycardia
VTE	Venous Thromboembolism
wbc	White Blood Cell Count
Wd	Ward
Wt	Weight
NON-PREFERRED	ABBREVIATION LIST
	Fracture. May be written on hand written discharge letters. However,
#	should not be used in electronic correspondence. (Depending on settings may display either as $f(x)$
	may display either as # or as £)
AR	Ambiguous: could refer to Aortic Regurgitation or Aortic valve replacement. Write in full
I	

AS	Ambiguous: could refer to Abdominal System or Aortic Stenosis. Write in full
BS	Ambiguous: could refer to Bowel sounds or breath sounds. Write in full.
Са	Ambiguous: could refer to Carcinoma or calcium. Write in full
CCF/CHF/HF	Congestive cardiac (heart) failure. Use of more precise LVSD / LVDD is preferred. If diagnosis uncertain, CCF may be used.
Cx	Ambiguous: could refer to cervix, cervical spine or circumflex artery. Write in full
ED	Ambiguous: could refer to Erectile Dysfunction or Emergency Department. Write in full
ET	Ambiguous: could refer to Endotrachael (tube) or Essential Thrombocytopaenia. Write in full
GU	Ambiguous: could refer to Genito-urinary or Gastric ulcer. Write in full
МІ	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
MS	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.
PID	Ambiguous. Could refer to Pelvic Inflammatory Disease OR Prolapsed Intervertebral Disc. Write in full
RFT	Ambiguous could refer to Renal (Kidney) Function tests OR Respiratory Function tests. Write in full
R/L	Right and left should be written in full
STI	Ambiguous: could refer to soft tissue injury OR sexually transmitted illness. Use NBI for non-bony injury and STD for sexually transmitted disease.
VE	Ambiguous: could refer to vaginal examination or ventricular ectopic. Should be written in full in all correspondence.

CANCER REGIMES

It is accepted that cancer regimes are cumbersome to write in full. Whilst a standard for understanding the nomenclature exists (maintained by TRUD), it is meaningless to anyone not involved in the delivery of cancer care.

Therefore, it is recommended that where regimes are added to correspondence, it is made clear that the abbreviation is a chemotherapy regime.

UNITS OF MEASURE

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

COMMENT ON DATE / TIME FORMATS

Ideally time should be written in a 24 hour format with colon's separating the units. Hours and minutes must always been included; seconds may be excluded where not required. If time is written in a 12 hour format, AM or PM must also be included.

Eg: 14:25 or 14:25:02 Less preferred: 2:25PM

Overnight on days the clock changes, 24 hour format must be used with either BST or GMT appended to avoid ambiguity

Eg 02:25GMT or 03:15BST

Date should be written in the format of day/month/year; the year in 4 digit format:

Eg 20 February 2014 or 20/02/2014

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

Release 5 – 17 June 2018

Reviewed applicability of current abbreviations Added version control to page footers. Amendments

• ADRT – Advanced Decision to Refuse Treatment Added

Release 4 – 27 February 2014

Amendments:

- PMB corrected to Post menopausal bleeding
- ERPC added
- PEG added
- UHND added

- MDT added
- ECC, ACC and EAU added (for Gateshead)
- ALL, AML, HL/NHL, MDS, MPD, MDS, ITP PVR Added
- DXT removed not commonly used
- ET added to ambiguous list

Release 3

Amendments

- TAH ± BSO added
- NVD Added
- PVD bracketed Peripheral arterial disease preferred term
- Fracture. May be written on hand written discharge letters. However, should not be used in ["EMIS" changed to "electronic correspondence"]. (Depending on settings may display either as # or as £)

Rejected requests for addition: LAVH (laparoscopically assisted vaginal hysterectomy); VH (vaginal hysterectomy); TVT (Tension Free Vaginal Tape); TLH (Total laparoscopic hysterectomy); TLRH (total laparoscopic radical hysterectomy)

Release 2

Amendments [v2.1]

• PMR added

Amendments [v2.0]

- IBD & IBS corrected
- Cx removed and added to non-preferred list since ambiguous
- PBS added
- AFP added
- EMG added
- MRCP added
- ERCP added
- VSD added
- LBBB / RBBB added
- PCI added
- GTN added
- Comment regarding date / time format added
- O2 added
- HAV, HBV, HCV, HDV, HEV added
- LAD and RCA added

Rejected requests for addition:

- CRT-P, CRT-D (CARDIAC RESYNCHRONISATION THERAPY- PACING, DEFIBRILLATOR),
- LVIDS, LVIDD, IVS, RA/LA, IAS, PAP, PASP, TAPSE, NSVT, RVOT, PFO, TGA
- NCS (nerve conduction studies)

It is recognised that these abbreviations are probably in common use within the speciality, it was felt would not be commonly recognised outside; therefore, for correspondence, these should be written in full.

Release 1 – 13 February 2013

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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