Northern Ireland Practice and Education Council for Nursing and Midwifery

PRINCIPLE STANDARDS FOR THE USE OF ABBREVIATIONS WITHIN HEALTH AND SOCIAL CARE SETTINGS

CONTENTS PAGE

	CONTENTS	PAGE
1.0	CONTEXT	3
2.0	AIM	3
3.0	DEVELOPMENT OF PRINCIPLE STANDARDS	4
4.0	PRINCIPLE STANDARDS FOR THE USE OF ABBREVIATIONS WITHIN HEALTH AND SOCIAL CARE SETTINGS	5
5.0	CONCLUSION	5
6.0	REFERENCES	7
7.0	APPENDICES	
	Appendix 1. Regional agreed core abbreviations	8
	Appendix 2. Commonly used during administration of medicines	9
	Appendix 3. Official "Do Not Use" List of abbreviations	10

Acknowledgment

Northern Ireland Practice and Education Council and the Northern Ireland Health and Social Care Safety Forum wish to acknowledge and express thanks to the engagement and valuable input provided from the health professionals.

1.0 CONTEXT

1.1. It is widely recognised within healthcare settings that abbreviations and other shortened forms of written communication (e.g. acronyms) can be misinterpreted resulting in significant risks to the quality of care and patient safety. This practice should be discouraged and guidance from regulators (NMC 2015) and professional organisations (RCN 2014) advise to avoid any inappropriate use of abbreviations. The World Health Organisation (2011) states that patient safety is impacted on by many factors, including effective teamwork, accurate and timely communication (verbal and written), medication safety, hand hygiene and procedural and surgical skills.

1.2. Today's contemporary health and social care services are set within the context of modernisation and change for example new technologies, constrained resources and a range of other significant pressures. The need to continue to change to meet increasing demands and public expectations is set within this environment; therefore, it is increasingly important that patient safety remains paramount.

1.3. In relation to patient documentation and patient safety, evidence has emerged of an increase in the use of inappropriate abbreviations and other shortened forms of written communication (e.g. text language, acronyms). These are used, albeit with good intentions as a means of professional shorthand in record keeping practices (NIPEC 2010). Their uses however are inappropriate and have been the cause of significant failings (Dimond, 2005 and ISMP, 2012).

2.0 AIM

2.1 The overarching aim of this document is to offer regional direction on an agreed approach to the use of 'appropriate abbreviations' that will ensure record keeping practice remains contemporaneous and does not compromise patient safety.

2.2 The rationale therefore for the development of these principle standards is as an 'aide memoire' for health and social care staff to support good record keeping practice and to detail the standards that must be applied.

2.3 The principle standards must be monitored, managed and measured through HSC Trust Governance procedures to provide assurance on the appropriate use of abbreviations and that **only** the agreed set of core abbreviations are used. These should be read and applied in conjunction with advice and guidance from professional bodies and regulators.

3.0 DEVELOPMENT OF PRINCIPLE STANDARDS

3.1 The principle standards contained within this document have been developed as a direct result of over two years intensive engagement with health professionals working within policy, commissioning, staff-side and in the direct provision of health and social care services within Northern Ireland.

3.2 Concerns have been raised that developing a core common list of agreed abbreviations could potentially lead to their misuse. Equally however there are concerns about a lack of professional guidance along with gradual increase in the use of inappropriate abbreviations, in particular an increasing use of 'text language' and other shortened forms and acronyms. The "Do Not Use" List created in 2004 by the American Joint Commission responsible for improving health care, provides a useful guide for organisations (see Appendix 3).

3.3 Further to discussion and debate across multi-professional groups and in the absence of Health and Social Care Trust policies, it was evident that regional consistency was required in order to minimise potential harm to patients. It is anticipated that regional agreement on core abbreviations for use in all settings will assist in strengthening the guidance from professional organisations and regulators.

3.4 Regarding specialist areas of practice where terminology is largely bespoke to those fields of practice, further work will be required at regional level to determine appropriate abbreviations for these areas.

3.5 The principle standards contained in this document provide clear and unambiguous regional direction and aim to enhance and support effective communication, improve patient safety and provide a common understanding of the language to be used in the records of service users.

4.0 PRINCIPLE STANDARDS FOR THE USE OF ABBREVIATIONS WITHIN HEALTH AND SOCIAL CARE SETTINGS

I. *Patient safety and patient centred care must be paramount at all times and must drive effective communication through good record keeping practices in the use of abbreviations*

II. *Record keeping practice in all patient/client care records must be legible and easily understood by all persons who access them, including patients/clients/relatives and carers*
(Nurses and Midwives please refer to the NMC 2015 The Code (Practise effectively -10 (10.1-10.6) Medical Staff please refer to Good Medical Practice (2013) Record your work clearly, accurately and legibly (Domain 1 (19-21)

III. *The use of abbreviations or other shortened forms of communication are not permitted for use, unless they have been approved and are included in regional policy directions*

IV. *Abbreviations must never be used whilst obtaining consent or in the completion of death certificates*

V. *Abbreviations must never be used in consent forms or when confirmation of verbal consent is recorded in a patient's clinical notes*

VI. *The list of commonly used core abbreviations (see Appendix 1) have had regional agreement and must be visibly available at the front of the patient/client care record, demonstrating the meaning and its abbreviated form (this will require regular review and audit of patient records)*

VII. *The lists (see Appendix 1 and Appendix 2) must be regularly reviewed through robust audit process to provide assurances of safe, effective communication through record keeping practices*

5.0 CONCLUSION

5.1 Patient Safety in all Health and Social Care settings is everybody's business and requires the correct behaviours by all Health & Social Care staff. When we communicate (in writing or verbally) we have the opportunity to serve our patients and clients well – if we are clear, concise and unambiguous. Since a large number of adverse events have their origins in unclear or incomplete communication, we must work hard to reduce the opportunity for such lapses to happen. This document represents just the start of that work.

5.2 Adhering to the principle standards for the use of abbreviations will help to minimise the risk to patients and clients, for example the *Safe Behaviours Framework* (Figure 1) would assist in this process, if adopted by all healthcare employees.

Figure 1. Safe Behaviours Framework (Mayo Clinic Health System, 2013)

REFERENCES

Dimond, B. (2005) *Abbreviations: the need for legibility and accuracy in documentation*, British Journal of Nursing. 2005 Jun 23-Jul 13;14(12): 665-6

General Medical Council (GMC, 2013) *Good Medical Practice*. London

Institute for Safe Medication Practices. (ISMP 2012) List of error-prone abbreviations, symbols and dose designations, Philadelphia: ISMP. Available from www.ismp.org Accessed 20/11/2014.

Joint Commission (2004) *Facts about the Official "Do Not Use" List of Abbreviations* http://www.jointcommission.org/facts_about_do_not_use_list/ accessed Jan 2016

Mayo Clinic Health System (2013) *Safe Behaviours Framework* http://www.mayoclinic.org/ accessed Jan 2016

Northern Ireland Practice and Education Council for Nursing and Midwifery, (NIPEC, 2010) *Improving Record Keeping accessible at https://nipec.hscni.net/service/rec-care-previous-achievements/impr-rec-keep-practice-in-ni/*

Nursing and Midwifery Council. (NMC, 2015) The Code Professional standards of practice and behaviour for nurses and midwives NMC, London

Royal College of Nursing (RCN, 2014) *Abbreviations and other short forms in patient/client records.* London

World Health Organisation (WHO, 2011) Patient Safety Curriculum Guide: Multi-professional Edition Malta

APPENDIX 1

REGIONAL AGREED - CORE CLINICAL ABBREVIATIONS

ABBREVIATION	MEANING
AF	Atrial Fibrillation
AM	Morning
ANTT	Aseptic Non Touch Technique
BP	Blood Pressure
C. Diff.	Clostridium difficile
CPR	Cardiopulmonary Resuscitation
CNS	Central Nervous System
CTMA	Contrary to Medical advice
DCC	Direct Current Cardioversion
DNA	Did Not Attend
DNACPR	Do Not Attempt Cardiopulmonary Resuscitation
DVT	Deep Venous Thrombosis
HR	Heart Rate
H/O	History Of
LA	Local Anaesthetic
LMP	Last Menstrual Period
MI	Myocardial Infarction
mL	Millilitre
mmol	Millimole
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
NAD	No abnormalities detected
NG	Nasogastric
NKDA	No Known Drug Allergy
Nocte	Night
PCA	Patient Controlled Analgesia
PEG	Percutaneous Endoscope Gastrostomy
PGD	Patient Group Direction
PM	Evening
PO	Per Orally
PR	Per Rectum
PRN	As Required
PV	Per Vagina
qid/qds	Four Times Daily
RR	Respiratory Rate
SC	Subcutaneous
SL	Sublingual
STAT	One off
SRC	Self-Retaining Catheter
SOBOE	Shortness of Breath on Exertion
Tds/tid	Three times daily
Temp	Temperature
VF	Ventricular Fibrillation
VT	Ventricular Tachycardia

COMMONLY USED DURING ADMINISTRATION OF MEDICINES

ABBREVIATION	MEANING
bd	Twice Daily
IM	Intramuscular
inh	Inhaled, inhalational, by inhaler
IV	Intravenous
Mane	Morning
mg	milligram
mL	millilitre
mmol	millimole
neb	nebulised
NG	Nasogastric
NKDA	No Known Drug Allergy
Nocte	Night
od	Once a day
PO	Per Orally
PCA	Patient Controlled Analgesia
PR	Per Rectum
prn	As Required
PV	Per Vagina
qid	Four Times Daily
SC	Subcutaneous
SL	Sublingual
Tds/tid	Three Times Daily

APPENDIX 3

THE OFFICIAL "DO NOT USE" LIST OF ABBREVIATIONS (Joint Commission, 2004)

In 2004, the American Joint Commission created a "Do Not Use" List as part of its Information Management standards, to improve patient safety, although it did not apply to pre-programmed health information technology (IT) systems (for example, electronic medical records or CPOE systems.

OFFICIAL "DO NOT USE" LIST

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 "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 MSO4 and MgSO4	Can mean morphine sulphate or magnesium sulphate Confused for one another	Write "morphine sulphate" Write "magnesium sulphate"

This applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

***Exception**: 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.

NIPEC

Centre House

79 Chichester Street

BELFAST, BT1 4JE

Tel: 0300 300 0066

This document can be downloaded from the NIPEC website https://nipec.hscni.net

Revised August 2016