

Documentation in the Medical Record

APPLICATION: All employees within the Virginia Department of Health (VDH).

Policy

The medical record (print and electronic versions) should contain all information regarding the care and treatment of a client. Notes related to policy, legal issues, personnel issues, procedural advice*, opinions about the quality of care or adverse events** should not be entered in a medical record. Refer to Definition of Terms section for determining what constitutes procedural advice and an adverse event.

Primary language and linguistic service needs of limited English proficient (LEP), hearing, or visually impaired persons should be prominently noted in the record. The provision of interpreter or assistive services shall be documented in the client's medical record during the provision of clerical, medical and nursing procedures requiring such services.

Purpose

Practitioners and other persons responsible for a client's care are authorized and/or permitted to enter notations in a client's medical record. All such persons need to document factual information for safe, effective continuity of client care. This documentation allows the record to serve as the legal record substantiating health care services provided to a client. It also provides supporting documentation for reimbursement of services provided to a client.

Related VDH Policies

Department of Health and Human Services, Office of Minority Health, *National Standards on Culturally and Linguistically Appropriate Services in Health Care*, December 2000.

Health and Human Services (HHS) *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*, April 2013.

Procedures/Directives

Each page/sheet of a medical record must contain the client's identification information. Entries made into the medical record should be objective statements based upon information obtained at the time,

focusing on a client's physiological, psychosocial, environmental, cultural and behavioral health status. The interviewer must use professional judgment and discrimination in determining the appropriateness of specific content for each client.

- Local health departments (LHDs) using the Documentation by Exception (DBE) system should adhere to instructions in the DBE. LHDs using non-DBE forms should adhere to the instructions provided by the originating authority.
- The standard VDH record for the assessment, evaluation, and treatment of tuberculosis clients is a case management record, not a DBE record. LHDs should adhere to the instructions and guidelines published by the VDH TB Control and Prevention program. DBE forms should not be included in the TB record.
- Double-sided forms must have a client label affixed to both sides.
- Each written entry in the medical record should be legible to all readers.
- Each entry should be marked with the date and scribed with indelible pens, using either blue or black ink, without use of corrective paper.
- Document time if applicable to the situation (i.e. establishing chronology of events). For example, during an emergency event involving a client, resuscitation measures should be recorded along with the times medications are administered and procedures implemented.
- In a court of law copies and faxes stand as originals in terms of veracity/truthfulness unless they are otherwise challenged.
- Avoid making any subjective, derogatory or discriminatory remarks in the medical record.
- Subjective statements by the client or family pertinent to the provision of medical care should be documented and placed in quotation marks.
- Allergies to medications, foods and latex must be specifically and prominently documented in the medical record in indelible red ink. If a client is noted to have no allergies, this fact must be documented prominently in the client record using the abbreviation NKA for no known allergies using either black or blue ink.
- Orders and notes must be signed by the author. The signature should include the provider's first name, last name and title. **Stamped signatures are not acceptable.** However, there is an added exception published by CMS in 2013. "CMS will permit the use of a rubber stamp for signature in accordance with the Rehabilitation Act of 1973 in the case of an author with a physical disability that can provide proof to the CMS contractor (employer) of his/her inability to sign their signature due to their disability. By affixing the rubber stamp, the provider is certifying that

they have reviewed the document.” The rubber stamp needs to be kept on the person at all times to prevent fraudulent use. Use is time limited following which the rubber stamp must be returned to the employer for proper disposal.

- Certain documentation may be initialed, such as a flow sheet, provided there is a signature sheet (VDH Summary of Providers of Care) on file in the respective medical record. The signature sheet must contain the provider’s printed name and title, signature and title and initials.
- Clinicians are advised to not use trailing zeros for doses expressed in whole numbers, e.g., 1.0 mg should be written as 1 mg, and to use a zero before a decimal point when the dose is less than a whole unit, e.g., .5 mg should be written as 0.5 mg.
- The numerical dose and unit of measure should have an adequate space between each, e.g., 10mg should be written as 10 mg.
- Abbreviations such as mg or mL should be written without a terminal period, e.g. mg. or mL. should be written as mg or mL.
- Commas should be used when writing dosing units at or above 1,000.
- When using an interpreter, or other assistive services document the interpreter’s or individual providing the assistance full name (first and last), and title. For example, (insert name of interpreter) the client reports.... followed by the practitioner’s signature. If using the language line, the interpreter’s number and full name and title of staff providing interpreted services must be documented. Each staff member using an interpreter or assistive service will have to sign his/her portion of the medical record entry requiring the use of these services.
- Refusal of interpreting services by a client deemed limited English proficient must be documented in the record.
- Within one business day of receipt all laboratory test results, consults, imaging studies, and pap smear reports results shall be reviewed, initialed, and dated by a public health nurse assigned program/service area responsibility. Abnormal reports shall be reported to the respective ordering clinician for review within this same time frame.
- Test results reported by the laboratory that fall significantly outside the range of normal and require urgent medical intervention must be reported by phone to the ordering clinician within the day of receipt and so noted in the medical record by the person receiving the report.
- In the event a critical lab value is called in to the health department, the individual receiving the report must verify the accuracy of the client information communicated via the telephone, by

reading-back the client's name, unique patient identification number, and the critical test result(s). Follow the above procedure for reporting to the clinician.

- Within 2 working days of receipt, laboratory tests with questionable, indeterminate, or positive results (regardless of whether the client is on treatment) are to be initialed and dated by the practitioner who ordered them, to signify review. The report can be faxed to the ordering clinician if working in a different health department location. Note: the Tuberculosis program has specific guidance regarding the disposition of laboratory test results. Please refer to their guidance on this issue.
- If the test result, consult or imaging study is abnormal and treatment and/or referral is based on results, the provider/clinician who ordered the test shall be notified the same day of receipt of the reported results.
- Within five working days of receipt, consultations, imaging reports and pap smears are to be initialed and dated by the practitioner who ordered them to signify review.
- In the event the practitioner/clinician is not available within the stipulated time frames, the health director or his/her designee shall be asked to review these report results.
- Recommended follow-up, to include treatment orders, will be documented on all abnormal laboratory, consults, imaging study or pap smear results using the VDH Communication Exception Record, the progress notes or directly on the STI record.
- In the event a liquid or another substance is spilled on a page of the medical record so it is illegible, retain the original page; mark it as damaged and the date. Recopy the page exactly like the original and place both pages in the chart. This prevents concern that a page was recopied to conceal or add information. If the damaged page is somewhat readable, it can be photocopied, so indicating on the sheet, and inserted in the record along with the original page. Do not obliterate or remove pages from a medical record.
- Errors made in a medical record entry should be struck with a single line and initialed by the author. Do not enter the word "error".
- Health departments are not required to place a copy of the Vaccine Adverse Event Reporting System (VAERS) form in the medical record, but should make a notation in the client's record that a suspected event occurred following prior vaccination.
- Should a client experience a safety event, a description of the event (harm or potential harm) and interventions provided by staff shall be noted in the client's medical record. Do not make any reference to completion of a Client Safety Event Report in the medical record. The safety event report is not to be filed in the client's medical record.

- Do not leave blank spaces of any sort between entries. Draw diagonal lines through all blank spaces after an entry. All dated entries should follow in consecutive order.
- When a pertinent entry is missed the author can identify the new entry as a "late entry". Enter the current date, time. The entry must be signed.
- An addendum to an existing entry must include the date and time of the new entry on the next available space in the record and state "addendum to note of [date of visit]."
- If a medical record form changes, mark unused lines on the outdated form with diagonal lines to prevent further use.
- Use only approved abbreviations found on the VDH Abbreviations and Symbols list dated, October 1992 and last revised 2014 (attached).

Glossary

*Procedural Advice – established methods of conducting business. Ex. administrative rules and regulations.

**Adverse Event – an incident in which the potential or actual harm/injury resulted to a person receiving health care.

Evidence Base

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Attachment: Virginia Department of Health Abbreviations and Symbols

Cc Marissa J. Levine, M.D., MPH, FAAFP, State Health Commissioner
Robert Hicks, Deputy Commissioner for Community Health Services

Policy Administration

This policy will be reviewed by the CQI committee as needed but no less frequently than every two years.

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Reviewer: Joanne Wakeham
Joanne Wakeham, RN, PhD, Director, Public Health Nursing

9/30/14
Date

Approver: David Trump
David Trump, MD, MPH, MPA, Chief Deputy for
Public Health & Preparedness

10/6/2014
Date

VIRGINIA DEPARTMENT OF HEALTH
APPROVED ABBREVIATIONS AND SYMBOLS
For Use in Medical Records

Introduction

The following list of abbreviations and symbols is intended to be used as a guideline for all disciplines documenting in client records. All health department staff should be made aware of the availability of this list. It is recommended that current copies be placed in areas convenient to both clinic and field staff.

Please limit the use of abbreviations. Any abbreviation used must be on the Virginia Department of Health's approved abbreviation list. This list is not all-inclusive, e.g., abbreviations used in localities to identify local organizations, institutions, etc., are not included.

There are duplicative abbreviations that have different meanings, i.e., MI = myocardial infarction and MI = Master Index. It is the writer's responsibility to write out words where the meaning could be ambiguous assuring documentation is accurate and complete. The list of words for which substitutions are not permissible is found at the end of this document. These words must be written out in their entirety.

While the Drug Control Act does not directly address whether the prescriber must use the drug's full name when issuing a prescription, there are few advantages in allowing drug name abbreviations to be used. It is strongly recommended by the Food and Drug Administration (FDA) and by the Institute for Safe Medical Practices (ISMP) that drug names be written in full to avoid misinterpretation due to similar abbreviations for multiple drugs.

In Web VISION, maint-reg, pharmacy items, there is a list of immunizations. Each vaccine has an item code which is the approved abbreviation. Health department staff are to utilize these abbreviations when documenting.

Developed: October 1992

Reviewed: October 2008 – revised September 2014

A

A	assessment
ā	before
AA	Alcoholics Anonymous
A&O x 3	alert and oriented to person, place and time
A&P	auscultation and percussion
abd,	abdomen, abdominal
abn	abnormal
Ab	antibody
ac	before meals
ADA	American Diabetes Association
ADAP	AIDS Drug Assistance Program
ADL(s)	activities of daily living
ad lib	as desired
adm	admitted, admission
AED	automatic external defibrillator
AF	auricular fibrillation
AFB	acid fast bacillus
AFP	alpha-fetoprotein
Ag	antigen
AGA	appropriate for gestational age
AGUS	atypical granular cells undetermined significance
AIDS	acquired immunodeficiency syndrome
AK	above knee
alb	albumin
ALF	assisted living facility
ALK Phos	alkaline phosphatase
ALS	amyotrophic lateral sclerosis
ALT	alanine aminotransferase
AFI	Amniotic Fluid Index
a.m.	before noon/morning
AMA	advanced maternal age or against medical advice
AMBU	Air shields manual breathing unit
AMI	acute myocardial infarction
amnio	amniocentesis
amps	amperes
amt	amount
ANA	antinuclear antibody
ant	anterior
Anti-HBs(HBsAB)	antibody to hepatitis B surface antigen
Anti-HBe(HBeAB)	antibody to hepatitis B e antigen
AODM	adult onset diabetes mellitus
appt	appointment
apt	apartment
AP repair	anterior and posterior colporrhaphy (cystocele and rectocele repair)
AP	anterioposterior
A&P	auscultation and percussion
APS	adult protective services
ARC	American Red Cross

ART	antiretroviral therapy
ASAP	as soon as possible
ASCUS	atypical squamous cells undetermined significance
ASCVD	arteriosclerotic cardiovascular disease
ASD	atrial septal defect
ASHD	arteriosclerotic heart disease
ASQ	Ages & Stages Questionnaire
AST	aspartate aminotransferase
as tol	as tolerated
AF	atrial fibrillation
AV node	atrioventricular node
avg or av	average
ax	axillary, axilla

B

B6	pyridoxine
BBB	bundle branch block
B&B	bowel and bladder
BBS	bilateral breath sounds
BC	birth control or Baby Care program
BCM	birth control method
BCP	birth control pill
BD	birthdate
BE	barium enema
BF	breast feeding or boyfriend
BFPC	breast feeding peer counselor
BG	blood glucose
bid	twice a day
bilat	bilateral
Bili	bilirubin
BKA	below knee amputation
BLE	bilateral lower extremities
BLL	blood lead level(s)
BLS	basic life support
BM	bowel movement
BMI	body mass index
BMR	basal metabolic rate
BOM	bilateral otitis media
BP	blood pressure
BPH	benign prostatic hypertrophy
bpm	beats per minute
BPP	Biophysical Profile
BPS	Bureau of Pharmacy Services
BR	bathroom
BRAIDED	benefits, risks, alternatives, inquiry, decisions, explanation, documentation
BRAT	bananas, rice cereal, applesauce, and toast
BRB	bright red bleeding

BS	bowel sounds or breath sounds or blood sugar
BSE	breast self-exam
BSG	Bartholin/Skeene's gland
BTB	break through bleeding
BTL	bilateral tubal ligation
BUN	blood urea nitrogen
BV	bacterial vaginosis
BW	birth weight
BX	biopsy

C

C	centigrade, Celsius
CA	carcinoma, cancer
Cal	calorie
Cath	catheter
CC	chief complaint
C & S or C/S	culture and sensitivity
caps	capsules
CBC	complete blood count
CBG	capillary blood glucose
CBR	complete bed rest
CCU	coronary care unit
CD	communicable disease
CDC	Centers for Disease Control and Prevention
CF	cystic fibrosis
Δ	change
CHD	congenital heart disease or coronary heart disease
Chemo	chemotherapy
CHF	congestive heart failure
CHO	carbohydrates
CHOL	cholesterol
CHS	Community Health Services
CIN	cervical dysplasia (CIN I, CIN II, CIN III)
CIS	carcinoma-in-situ
cl	clinic
clt	client
Cl time	clotting time
CM	case manager
cm	centimeter
CMT	cervical motion tenderness
CMV	cytomegalovirus
CNA	certified nursing assistant
CNP	certified nurse practitioner
CNS	central nervous system
c/o	complains of
CO	carbon monoxide
CO ₂	carbon dioxide
coag	coagulate, coagulation
COC	combined oral contraceptive

colpo	colposcopy
COM	chronic otitis media
comp	compound
cond	condition
cont, contd	continue(d)
COPD	chronic obstructive pulmonary disease
CP	chest pain or cerebral palsy
CPD	cephalo-pelvic disproportion
CPK	Creatine phosphokinase
CPR	cardiopulmonary resuscitation
CPS	Child Protective Services
CRF	chronic renal failure
Cryo	cryotherapy/cryosurgery
C-Section	cesarean section
CCC	Care Connection for Children
CSF	cerebral spinal fluid
CT	census tract or Chlamydia
ctr	center
CT Scan	computed tomography scan
Ctx	contractions
cult	culture
CV	clinic visit
CVA	cerebral vascular accident
CVP	central venous pressure
Cx	cervix
CXR	chest x-ray
cysto	Cystogram; cystoscopic examination

D

DBE	documentation by exception
DBP	diastolic blood pressure
dec.	decrease
DCLS	Division of Consolidated Laboratory Services
D&C	dilatation & curettage
DD	developmental delay
DDST	Denver Development Screening Test
d/f	dark field
del	delivery, deliver
DEPO/DMPA	Depo Provera
DHD	Department of Human Development
DHS	Department of Human Services
DIC	disseminated intravascular coagulation
diff	differential white blood cell count
DIS	Disease Intervention Specialist
DM	diabetes mellitus
DMAS	Department of Medical Assistance Services
DNA	deoxyribonucleic acid
DNC	do not contact
DNKA	did not keep appointment
dias	diastolic

disp	dispense
DOA	dead on arrival
DOB	date of birth
drge	drainage
DOE	dyspnea on exertion
DOT	directly observed therapy
Dr.	doctor
DR	delivery room
DRG	diagnosis related group
drsg	dressing
DSS	Department of Social Services
d/t	due to
DTR	deep tendon reflexes
DRS	Department of Rehabilitative Services
D&V	diarrhea and vomiting
DVT	deep vein thrombosis
dx	diagnosis

E

ea	each
EAB	elective abortion
EBV	Ebstein-Barr virus
ECG or EKG	electrocardiogram
ecl	eclampsia, eclamptic
E-coli	Escherichia coli – e.coli 0.157
ECP	Emergency contraceptive pill
ect	ectopic
ED	emergency department
edu	education
EDC	estimated date of confinement
EDD	estimated date of delivery
EEG	electroencephalogram
EENT	eyes, ears, nose, throat
e.g.	for example
EGA	estimated gestational age
EH	essential hypertension
ELISA	enzyme linked immunosorbent assay
EMG	electromyogram
EMS	emergency medical services
enlg	enlarged
ENT	ear, nose and throat
EOM	extra ocular movements
eos	eosinophil
EPDS	Edinburg Postpartum Depression Scale
epi	epidemiology
epi rep	epidemiology representative
EPSDT	early periodic screening, diagnosis and treatment (program)
ER	emergency room
esoph	esophagus

ESRD	end-stage renal disease
et	and
est.	estimated
ETOH	alcohol
Eval	evaluation
exam	examination
ext	external, exterior

F

F	fahrenheit
f, ♀	female
F&C	foam and condoms
FAS	Fetal Alcohol Syndrome
FB	foreign body
FBS	fasting blood sugar
FDLMP	first date of last menstrual period
feb	pertaining to fever
ff	fundus firm
FH	family history
FH	fundal height
FHR	fetal heart rate
FHT	fetal heart tone
FM	Fetal Movement
FMC	Fetal Movement Count
Fib	fibrillation
F/N/V/D	fever, nausea, vomiting, diarrhea
FOB	father of baby
FP	family planning
FSH	Follicle Stimulating Hormone
FT	full term
ft	foot/feet
FTA	fluorescent treponema antibody
FTP	failure to progress
FTT	failure to thrive
f/u	follow-up
FUO	fever of unknown origin
Fx	fracture

G

G, Gm	gram
G	gravida
gal	gallon
GB	gallbladder
GBS	Group B Strep
GC	gonorrhea; gonococcal
GERD	gastroesophageal reflux disease
GDM	gestational diabetes mellitus

GF	girlfriend
GI	gastrointestinal
GM	gross motor
G_P_A_	Gravida_Para_Abortion
G_P_FT_PT_AB_LB	Gravida_Para_Full-term_Preterm_Abortions_Living Births_
Gr. (Roman Numeral 1-6)	for grading heart murmurs, i.e, gr. II-VI m ○
gr	grain
grav	gravid
gtt/gtts	drop; drops
GTT	glucose tolerance test
GU	genitor-urinary
GYN	gynecology/gynecologist

H

h or hr.	hour
H ₂ O	water
h/a	headache
HAART	highly active antiretroviral therapy
HAV	hepatitis A infection
HBcAg	Hepatitis B core antigen
HBeAg	Hepatitis B e antigen
HBIG	hepatitis B immunoglobulin
HBP	high blood pressure
HBsAg	hepatitis B surface antigen
HBV	hepatitis B infection
HCG	human chorionic gonadotropin
hct	hematocrit
HCV	hepatitis C infection
HCVD	hypertensive cardiovascular disease
HCW	health care worker
HD	health department/health district
HDL	high density lipids
HDV	hepatitis D infection
Hep	hepatitis
HEENT	head, eyes, ears, nose and throat
HEV	hepatitis E infection
hgb	hemoglobin
HGSIL	high grade squamous intraepithelial lesion
HIV	human immunodeficiency virus
HIV-1 RNA	HIV Viral load
HMD	hyaline membrane disease
HMO	Health Maintenance Organization
HNP	herniated nucleus pulposus
H&P	history and physical
h/o	history of
Hosp	hospital
HPF	high powered field
HPI	history of present illness
HPV	human papilloma virus

HR	heart rate
hs	hour of sleep; at bedtime
HSV	herpes simplex virus
HT	hormone therapy
ht	height
HTN	hypertension
HV	home visit
hx	history
Hyperbili	hyperbilirubinemia
Hyst	Hysterectomy

I

I & D	incision and drainage
I & O	intake and output
I & R	information and referral
IBS	irritable bowel syndrome
IBW	ideal body weight
ICS	intercostal space; Incident Command System
ID	identification/intradermal administration of agent
IDDM	insulin dependent diabetes mellitus
Ig (A,G,D,E,M)	immunoglobulin A, G, D, E, M
IgM anti-HBc	IgM class antibody to Hep.B core antigen
IGRA	interferon gamma release assay (QuantiFERON TBGold in Tube or T Spot-TB)
IH	inhalation, inhale
IM	intramuscular
IMM	immunization
in	inch(es)
inc	increase
Inc Ab	incomplete abortion
inf	infection
info	information
ing	inguinal
Inj	injection
IPPB	intermittent positive pressure breathing
ITOP	induced termination of pregnancy
IUD	intrauterine contraceptive device
IUFD	intrauterine fetal demise
IUGR	intrauterine growth retardation
IUP	intrauterine pregnancy
IV	intravenous
IVC	inferior vena cava
IVP	intravenous pyelogram
IX	interview

J

JVD	jugular vein distention
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K

kg	kilogram
KOH	potassium hydroxide
KUB	kidney, ureter, bladder x-ray
KS	Kaposi's sarcoma

L

L	liter
L or l	left
lab	laboratory
lac	laceration
lap	laparotomy/laparoscopic
L&D	labor and delivery
lat	lateral
lb, #	pound
LBB	left bundle branch
LBBB	left bundle branch block
LBW	low birth weight
LE	lower extremity
LEEP	Loop electro-excisional procedure
LFA	left forearm
LFT(s)	liver function test(s)
lg	large
LGA	large for gestational age
LH	Luteinizing Hormone
LLL	left lower lobe
LLQ	left lower quadrant
LLSB	left lower sternal border
LMP	last menstrual period
LNMP	last normal menstrual period
LOC	level of consciousness
LOM	loss of motion
LOQ	left outer quadrant
LTCS	Low Transverse C-Section
LP	lumbar puncture
LPN	licensed practical nurse
LS	lumbo-sacral
LSE	last sexual encounter
LGSIL	Low Grade Squamous Intraepithelial Lesion
LTBI	latent tuberculosis infection
LTC	long term care
LUL	left upper lobe
LVH	left ventricular hypertrophy
LUQ	left upper quadrant
L&W	living and well
LWOT	left without treatment

M

m	murmur
m, ♂	male
MAC	mycobacterium avium complex
MAS	meconium aspiration
mat	maternity
mcg	microgram
MCH	Maternal-Child Health
MD	Doctor of Medicine, medical doctor
MDR	multidrug-resistant tuberculosis
med	medical, medicine
meds	medications
mEq	milliequivalent(s)
memo	memorandum
mg	milligram
mgf, pgm.	maternal grandfather, paternal grandmother, etc.
MH	mental health
MI	myocardial infarction or master index
ml	milliliter (cubic centimeter)
mm	millimeter
MMWR	mortality & morbidity weekly review
mo	mother; month(s)
MOB	mother of baby
mod	moderate
MOM	milk of magnesia
Mono	infectious mononucleosis
morb	morbidity
mort	mortality
MOTT	mycobacterium other than tuberculosis
MR	mental retardation or measles/rubella
MRC	Medical Reserve Corps program
MRI	magnetic resonance imagery
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>
MS	multiple sclerosis or musculoskeletal or mental status
MSM	men having sex with men
MSW	master of social work
M.tb	Mycobacterium tuberculosis
MTD	mycobacterium tuberculosis detection or mycobacterium tuberculosis direct test
mtg	meeting
MVP	mitral valve prolapse

N

N.A.	Nurses aide
N/A	not applicable or not available
NA	Narcotics Anonymous
NAA/NAAT	nucleic acid amplification test

NAD	no acute distress
NB	newborn
N/C	no complaints
NCAST	Nursing Child Assessment Satellite Training
neg.	negative
neuro	neurology
NH	nursing home
NHPAS	Nursing Home Preadmission Screening
NHLBI	National Heart Lung & Blood Institute
NIDDM	non-insulin dependent diabetes mellitus
NIMS	National Incident Management System
NKA	no known allergies
NKDA	no known drug allergies
NKFA	no known food allergies
no, or #	number
noc.	night
norm, N, nl	normal
npo	nothing by mouth
NP	nurse practitioner
NS	no show
N/S	normal saline
Ns	nasal spray
Nsg.	Nursing
NSAID	non-steroidal anti-inflammatory drug
NST	non-stress test
NSR	normal sinus rhythm
NSU	non-specific urethritis
NSV	non-specific vaginitis
NSVD	normal, spontaneous vaginal delivery
NT	non tender
nutri.	nutrition
NWB	non-weight bearing
n & v, n/v	nausea and vomiting
NR	non-reactive

O

O ₂	oxygen
OA	osteoarthritis
OB	obstetrics, obstetrical
OB-GYN	obstetrics and gynecology
occ	occasionally
OD	overdose
OI	opportunistic infection
oint	ointment
OM	otitis media
OP	outpatient
O & P	ova and parasites
Ophth	ophthalmology, ophthalmologist
OR	operating room

ORW	outreach worker
os	mouth
OSS	office service specialist
OT	occupational therapy
OTC	over the counter
OV	office visit
oz.	ounce

P

1 ^o LTCS	Primary Low Transverse C-Section
%, or pct	percent
P	problem; Para; pulse
p	post, after
P.A.	Physician Assistant
P/A	posterior-anterior
PA & lat	posterior-anterior & lateral chest x-ray
P & A	percussion and auscultation
Pap smear or PAP	papanicolaou smear
para	having borne one or more children
Path	pathology
pc	after meals
PC	phone call
PCO	polycystic ovary
PCP	pneumocystis carinii pneumonia or primary care provider
PDR	Physician's Desk Reference
PE	physical examination
Ped	pediatric(s)
PEP	post exposure prophylaxis
per	by, through
PERLA	pupils equal; react to light & accommodation
PF	Plan First program
P.F.A.	Patient Flow Analysis
PFA	plain film of the abdomen
PH	past history
pH	acid or base (measurement of hydrogen ion concentration)
PHN	public health nurse
PID	pelvic inflammatory disease
PIH	pregnancy induced hypertension
Pks	packs
PKU	phenolketonia
PMD	private medical doctor
pm	after 12 noon
PMH	past medical history
PMP	previous menstrual period
PMS	premenstrual syndrome
PO	per os; by mouth; orally
POL	premature onset of labor
POP	progestion-only pills
poss.	possible

post	posterior
post-op	post operative
POT	plan of treatment
pp	postpartum
PP	post prandial
PPD	purified protein derivative (TB test)
ppd	pack(s) per day
PPE	personal protective equipment
PPT	partial prothrombin time
Pre-ecl	pre-eclampsia
Preg	pregnant, -cy
prem	premature
Pre-op	before surgery
PRIMIP	primipara
Pro-time	prothrombin time
PPROM	preterm premature rupture of membrane
prn	when necessary; as needed
Prog	prognosis
PROM	passive range of motion
PSA	prostate specific antigen
Pt	patient
pt.	pint
PT	physical therapy/physical therapist
PTA	prior to admission; physical therapy assistant
PTD	preterm delivery
PTL	pre-term labor
PTSD	post traumatic stress disorder
PTT	partial prothromboplastin time
P/U	pick up
PWA	person with aids
pulm	pulmonary

Q

QID	four times a day (4 x day)
qns	quantity not sufficient
qs	quantity sufficient

R

R	right; respiration
RA	rheumatoid arthritis; right arm
RBC	red blood cells or red blood count
RD	registered dietician
RDA	recommended daily allowance
RDS	respiratory distress syndrome
re	regarding or about
rec	record
recd, rcd	received

ref	referred
reg	regular
resp	respiratory
retro	retroverted uterus
RF	rheumatic fever
Rh	rhesus blood factor
RHD	rheumatic heart disease
RIBA	recombinant immunoblot assay
RICE	rest, ice, compression, elevation
RLL	right lower lobe
RLQ	right lower quadrant
RLTCS	Repeat Low Transverse C-Section
RN	registered nurse
RNC	registered nurse, certified
R/O	rule out
ROM	range of motion; rupture of membranes
ROS	review of systems
RPh	registered pharmacist
Rps	repeat pap smear
R&R	rate and rhythm
RR	respiratory rate
RSR	regular sinus rhythm
RSV	respiratory syncytial virus
r/t	related to
RTC	return to clinic
RUL	right upper lobe
RUQ	right upper quadrant
RV	return visit
Rx	prescription or medicine

S

S	subjective
2°	secondary to
SA/SAb	spontaneous abortion
SBE	self breast exam
SBP	systolic blood pressure
SC	sickle cell
S.E.	side effects
Sed. Rate	sedimentation rate, erythrocyte
SES	socio-economic status
SGA	small for gestational age
sib	sibling
SIDS	sudden infant death syndrome
sig	write (directions for adm. of medications)
SL	sublingual
SLE	systemic lupus erythematosus
sm	small
SO	significant other
SOAP	subjective, objective, appraisal (assessment), and plan

SOB	shortness of breath
sol	solution
SOM	serous otitis media
Sono	sonography, sonogram
s/p	status post
sp.	species
spec	specimen
SpG	specific gravity
Sq	squamous
SPROM	spontaneous premature rupture of membranes
SS	safe sex
S&S, S/S. S/Sx	signs and symptoms
SSI	supplemental security income;
SSN	social security number
staph	Staphylococcus aureus, staphylococcal
STAT	at once, immediately
STD or STI	sexually transmitted disease or sexually transmitted infection
Strep	streptococcal
STS	serological test for syphilis
subQ	subcutaneous
sup'r, supv	supervisor
surg	surgery
susp	suspension
SV	school visit
SVD	spontaneous vaginal delivery
syst	systolic

T

T, temp	temperature
tab	tablet
TA/TAB	therapeutic abortion
TAH	total abdominal hysterectomy
TB or TBC	tuberculosis
TBLC	term birth living child
Tbsp	tablespoon
TC	telephone call
TCA	Trichloroacetic acid
T-cell count	CD4 + T-lymphocyte count(s)
Tetra	Alpha fetal protein tetra also referred to as Quad Screen
tid	three times a day
TIUP	term intrauterine pregnancy
TLC	tender loving care
TM	tympanic membrane
TMJ	temporal mandibular joint
TNTC	too numerous to count
TO	telephone order
TOLAC	Trial of Labor after C-Section
TOP	termination of pregnancy
toxo	toxoplasmosis

TPR	temperature, pulse, respiration
Tr	tincture
Trich	trichomoniasis
TSE	testicular self exam
TSH	Thyroid stimulating hormone
tsp.	teaspoon
TST	tuberculin skin test
TURP	trans-urethral resection prostate
TVH	total vaginal hysterectomy
Tx	treatment

U

U/A	urine analysis
UAI	Uniform Assessment Instrument
UBW	usual body weight
UC	uterine contractions
UGI	upper gastrointestinal
UIQ	upper inner quadrant
UOQ	upper outer quadrant
UPT	urine pregnancy test
URI	upper respiratory infection
urol	Urology, urologist
US	ultrasound
USP	United States Pharmacopeia
UTD	up-to-date
UTI	urinary tract infection

V

VA	Veterans Administration
VA	Virginia
VAERS	vaccine adverse event reporting system
vag	vagina/vaginal
VBAC	vaginal birth after a cesarean
VC	vital capacity
VD	venereal disease
VDH	Virginia Department of Health
VDRL	Venereal Disease Research Laboratory blood test for syphilis
VE	vaginal exam
VFI	viable female infant
Vit	vitamin
vlbw	very low birth weight
VMI	viable male infant
vo	verbal order
VP	venous pressure
VS	vital signs
vs	versus
VSD	ventricular septal defect

VTE venous thromboembolism

W

WBC white blood count or white blood cells
W/C wheel chair
WDWN well developed, well nourished
WIC Women, Infants, and Children
WIC N.A. WIC nutritional associate
wk week
WN well nourished
WNF well nourished female
WNL within normal limits
WNM well nourished male
WNV West Nile Virus
Wt weight
wt/ht weight/height
W/U workup

X

X times (number)

Y

yo years old
yr year (s)

Z

List of Words for Which Substitutions are not Permissible

A

at

B

biweekly (twice a week)

C

calcium

D

daily

discharge

discontinue

dram (use metric system)

E

each eye/both eyes

F

iron

ferrous sulfate

G

Glucose

greater than

H

hydrogen peroxide

I

Intranasal

K

potassium

L

left eye

less than

M

minus

P

plus; positive

Q

every

every hour

every two hours

every three hours

every four hours
every day/daily
every bedtime/nightly
every other day
quart

R
right eye

S
silver nitrate
sodium

T
testis both descended
three times per week

U
Unit/units

W
without
one-half

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Appendix A

Web VISION Immunization Codes as of March 23, 2011



WV

codes_23March11.pdf