

Procedure No. 5-2-2
Replaces Policy No. 2-8

Revised: 08-10-21
Issued: 03-26-96

SUBJECT: Medical Abbreviations

PURPOSE: To carry out the mandate of Safety and Health Policy No. 5.

It is a common practice of health practitioners to use abbreviations and symbols to describe drugs, tell when, how and how much of a drug is to be given. The list of approved medical abbreviations used are as follows:

↑	Increase	gr	Increase	Grain
↓	Decrease	gtt		Drop
△	Change			
÷	One	H2O		Water
÷÷	Two	H2O2		Hydrogen Peroxide
<	Less Than	h.		Hour
>	Greater Than	HA		Headache
ó	Negative	Hgb		Hemoglobin
p	After	h.s.		Bedtime/hour of sleep
amt.	Amount	ht.		Height
ASA	Aspirin	Hx		History
@	At			
Ax.	Axillary	IM		Intramuscular
		I & O		Intake and Output
BCP	Birth Control Pills	IV		Intravenous
BM	Bowel Movement			
b.i.d.	Twice a day	L.		Liter = 1000 (ml = 1000cc)
BP	Blood Pressure	L		Left
BRP	Bathroom Privileges	lab		Laboratory
ć	with	lb.		Pound
CBC	Complete Blood Count	liq.		Liquid
c.c.	Cubic Centimeter - 1 ml.	LMP		Last Menstrual Period
CMA	Certified Medication Aide	LLQ		Lower Left Quadrant
CP	Cerebral Palsy	LUQ		Left Upper Quadrant
C&S	Culture & Sensitivity			
		M		Minim
Dr.	Doctor	mcg		Micrograms
d/t	Due to	MEQ		Milliequivalents
		mg.		Milligram
EEG	Electro Encephalogram	ml		Milliliter
EKG	Electro Cardiogram	Mod.		Moderate
elix	Elixir	MOM		Milk of Magnesia
ENT	Ear, Nose & Throat			
		neg.		Negative
F.B.S.	Fasting Blood Sugar	NG		Nasogastric
FX	Fracture	N.P.O.		Nothing by Mouth
gm	Gram	NOC		Night

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O.D.	Right Eye	R	Right
O.S.	Left Eye	R.N.	Registered Nurse
os	Mouth	R/O	Rule Out
O.U.	Both Eyes	RLQ	Right Lower Quadrant
OH	Orthopedically Handicapped or	RUQ	Right Upper Quadrant
	Oral Hygiene	RR	Recovery Room
oz.	Ounce	R	Prescription
p.c.	After Meals	s	Without
p.o.	By Mouth	ss	One Half
PPD	Purified Protein Derivative (Tuberculin Intradermal Test)	SMAC	Blood Chemistries
PR	Per Rectum	SSE	Soap Suds Enema
PRN	As Needed	Stat	Immediately
pt	Patient	Syr.	Syrup
pt.	Pint	tab.	Tablet
px	Problem	Tbs.	Tablespoon
		tsp.	Teaspoon
ō	Every	t.i.d.	Three times a day
ōd	Every Day	temp.	Temperature
ō.hr.	Every Hour	tx	treatment
ō.2hrs.	Every Two Hours		
ō.3hrs.	Every Three Hours	U	Unit
ō.4hrs.	Every Four Hours	UA	Urinalysis
ō.i.d.	Four Times Daily		
ō.o.d.	Every Other Day	VO	Verbal Order
ō.noc.	Every Night	WNL	Within Normal Limits
qt.	Quart	W/C	Wheelchair
		W/D	Warm and Dry
		wt.	Weight
		WMP	Warm Moist Pack

Approved: _____
 Director of Residential and Community Services

Date: _____