

PROHIBITED ABBREVIATIONS

CODE: 113.3

January, 2008

PURPOSE:

To ensure the safety of the patient is not compromised, the following list of **prohibited** abbreviations, symbols and/or acronyms has been developed for use in UMSylvester Cancer Center.

POLICY:

In order to enhance the safety of communications, and reduce the use of error prone abbreviations and confusing dose designations, the following list of abbreviations, symbols and/or acronyms **will not** be accepted for use in UMSylvester Cancer Center. This policy applies to all clinical documentation, including all types of orders, progress notes, consultation reports, and operative reports.

<i>Prohibited Abbreviation</i>	<i>Potential Problem</i>	<i>Use Instead</i>
U (for unit)	Mistaken for "o" (zero), the number "4" (four) or "cc".	Write "unit"
IU (International Unit)	Mistaken as 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. The period after the Q mistaken for an "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
All stemmed chemo names MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate"
MSO ₄ and MgSO ₄	Confused for one another	Write "magnesium sulfate"

* **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.

ADMINISTRATION POLICY AND PROCEDURE MANUAL

PROHIBITED ABBREVIATIONS

CODE: 113.3

January, 2008

PROCEDURE

1. Medical orders containing the prohibited abbreviations, symbols, and/or acronyms will be verified for intent with the prescriber by the health care provider receiving the order prior to implementation of the order.
2. Whenever any prohibited item has been used in an order, there is written evidence of confirmation of the intended meaning before the order is carried out.
3. Written evidence of confirmation will be set forth by the individual clinical departments carrying out the order.
4. Implementation of the order can proceed once written evidence of confirmation is received by the healthcare provider.

Note: The safety of the patient always comes first. If in the judgment of the individuals providing the care to the patient, the order is clear and complete and the delay to obtain confirmation from the prescriber prior to the execution of the order would place the patient at greater risk, then the order should be carried out and the confirmation obtained as soon as possible.