

MEDDAC Regulation 40-23

Medical Services

Authorized Local Medical Abbreviations

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
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Unclassified

SUMMARY of CHANGE

MEDDAC REG 40-23
Authorized Local Medical Abbreviations

Specifically, this revision—

- o Adds Q.D. and Q.O.D. to the list of prohibited medical abbreviations, symbols and other usages and clarifies the example for the preferred term to be used in lieu of “Lack of leading Zero” (table C-1).

The revision of 18 February 2004—

- o Adds a new paragraph 3-5 to address the elimination of preprinted medical abbreviations on MEDDAC forms unless such is necessary due to space constraints.
- o Renumbers old paragraph 3-5 to 3-6 and modifies paragraph 3-6a(1) to include the requirements of the new paragraph 3-5 when considering abbreviations to be used on new forms.
- o Adds appendix C, Prohibited Medical Abbreviations, Symbols, and Other Usages.

The revision of 25 February 2003—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Changes para 3-2b to read “All local medical abbreviations must be approved by the medical staff. If it is determined that a new medical abbreviation is absolutely necessary, the person who creates it must first ensure that there is not currently an existing abbreviation in AR 40-66, appendix B (or in appendix B of this regulation) that duplicates your proposed abbreviation but corresponds to another term; or that there is not already a different abbreviation for the term for which the new abbreviation is proposed.” The first sentence was added.
- o Changes para 3-5c to read “*Actions by the MRRC.* Upon receiving a request from the FCO to review a new or revised MEDDAC form, the MRRC will ensure the form is necessary, that it does not duplicate a form already issued by this headquarters or a higher headquarters, that all medical terms used are correct and clear, and that the abbreviations are in compliance with AR 40-66 and this regulation. If the above requirements are met, the MRRC may take one of two courses of action—”. The phrase, “If the above requirements are met,” was added to the last sentence in this paragraph.
- o Changes appendix B by changing, adding and deleting numerous medical abbreviations.

Medical Services

Authorized Local Medical Abbreviations and Symbols

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History. This is the sixth revision of the regulation, which was originally published on 19 October 1998.

Summary. This regulation lists all abbreviations authorized by this MEDDAC which may be utilized to supplement those listed in AR 40-66.

Applicability. This regulation applies to the Headquarters, U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC) and all outlying clinics.

Proponent. The proponent of this regulation is the Chief, Patient Administration Division.

Supplementation. Supplementation of this regulation is not authorized.

Suggested improvements. Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to the Commander, U.S. Army Medical Department Activity, ATTN: MCXR-QM, Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088 or e-mail to john.schneider@na.amedd.army.mil.

Distribution. Distribution of this publication is by electronic medium only.

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* This publication supersedes MEDDAC Reg 40-23, dated 18 February 2004.

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Glossary

Chapter 1 Introduction

1-1. Purpose

This pamphlet provides guidance for the creation of new medical abbreviations, the use of those abbreviations on forms, and lists all local (that is, MEDDAC) medical abbreviations currently authorized for use.

1-2. References

Required and related publications are listed in appendix A. Referenced forms are also listed in appendix A.

1-3. Explanation of abbreviations

Abbreviations used in this publication are explained in the glossary.

Chapter 2 Responsibilities

2-1. The MEDDAC Forms Control Officer (FCO)

The MEDDAC FCO will review all requests to approve new forms and form revisions to ensure that any medical abbreviations used are in compliance with AR 40-66, appendix B, and appendix B of this regulation. The FCO will correct, or direct the proponent to correct, as appropriate, any authorized abbreviations that are incorrectly formatted and direct the proponent to remove any unauthorized abbreviations and replace them with abbreviations authorized by AR 40-66 or this regulation, if such exist, or by text.

2-2. The Medical Records Review Committee (MRRC)

The MRRC will—

a. Review all proposals for new and revised forms to ensure that all instances of medical abbreviations and symbols appearing on them are in total compliance with AR 40-66 and this regulation.

b. Review appendix B of this regulation whenever appendix B to AR 40-66 is changed in order to identify local abbreviations that are superseded by new abbreviations appearing in the AR. If a local abbreviation is superseded by a change to AR 40-66—

(1) Notify the MEDDAC Forms Control Officer (FCO) of the abbreviation that must be deleted from appendix B.

(2) Issue a memorandum (Dist: A) announcing the fact that the abbreviation will be deleted from use as a local medical abbreviation, and that it will be deleted from appendix A of this regulation because the abbreviation is now incorporated in AR 40-66, appendix B, and that—

(a) It continues to represent the same term(s) as when it was a local abbreviation.

(b) The term(s) now assigned to the abbreviation by the AR is (term(s)).

2-3. Forms proponents

Forms proponents will comply with AR 40-66 and this regulation in the use of medical abbreviations and symbols on new and revised forms.

2-4. Providers

Providers will enter only authorized abbreviations, as listed in AR 40-66 and this regulation, on medical forms. The use of unauthorized abbreviations is prohibited except as stated in para 3-1 below.

Chapter 3 Creation and Use of Medical Abbreviations

3-1. Guidance for use of medical abbreviations from AR 40-66

The following guidance is extracted from AR 40-66, chapter 3, Preparation of Medical Records, Section III, Recording Diagnosis and Procedures, paragraph 3-8., Nomenclature used in recording diagnosis:

'c. Few abbreviations should be used in medical records. Those abbreviations and symbols listed in appendix B, as well as locally approved abbreviations and symbols, are authorized if the following conditions are met:

(1) Local abbreviations and symbols will not delete or alter the meaning of those listed in appendix B.

(2) A copy of locally approved abbreviations and symbols will be readily available to those authorized to make entries in the medical record and to those who must interpret them.

(3) This exception to policy applies to all MTFs. However, each treatment facility will be responsible for altering lists as new additions or deletions are made to appendix B. It is recommended that abbreviations not listed in appendix B or not locally approved be used in long narratives only if they are defined in the text. For example: "Nerve conduction time (NCT) is changed by many factors. NCT varies with electrolytes. NCT varies with temperature." '

3-2. The relationship of local abbreviations and symbols to Army-wide abbreviations

a. Although AR 40-66 authorizes the MEDDAC to create local abbreviations in addition to those listed in appendix B of that regulation, local abbreviations should never be created unless it is absolutely necessary. There are two very good reasons for this—

(1) There is a very good possibility that the abbreviations listed in AR 40-66, appendix B, may be added to and that one or more of those additions will conflict with our local abbreviations. If this occurs, the MEDDAC is obligated to revise appendix B to this regulation by deleting all abbreviations that conflict with those newly adopted for Army-wide use, discontinue using those abbreviations, and eventually revise all MEDDAC forms that contain those abbreviations to remove them and replace them with their full text equivalents. As of the date of publication of this regulation, the version of AR 40-66 dated 20 July 1992 is in effect, and there have been no changes to appendix B, which, as stated above, is the list of authorized medical abbreviations and symbols for Army-wide use. However, AR 40-66 is currently under revision. When the revision is published, appendix B will probably be expanded and this will probably cause conflicts with some of the MEDDAC's local abbreviations because there are so many.

(2) To be useful, a medical abbreviation must be clearly understood by any other provider who needs to refer to it. An abbreviation that is misunderstood by a provider at another medical treatment facility (MTF) because he/she does not have appendix A to this regulation can result in harm to a patient if the provider misinterprets the meaning. Clearly, the Army's policy by limiting the use of medical abbreviations and symbols is to prevent patient injury and the ramifications such would cause to the Army. This MEDDAC's failure to comply with this policy would violate the spirit and intent of AR 40-66.

b. All local medical abbreviations must be approved by the medical staff. If it is determined that a new medical abbreviation is absolutely necessary, the person who creates it must first ensure that there is not currently an existing abbreviation in AR 40-66, appendix B (or in appendix B of this regulation) that duplicates your proposed abbreviation but corresponds to another term; or that there is not already a different abbreviation for the term for which the new abbreviation is proposed.

3-3. Conventions used in the construction of local abbreviations

The abbreviations listed in appendix B amply demonstrate the convention that will be followed in the construction of the MEDDAC's local medical abbreviations. These conventions mimic those used in AR 40-66, appendix B. When a new abbreviation is authorized for use, it must be constructed in accordance with (IAW) a similar abbreviation in appendix B. A great number of the MEDDAC's local abbreviations were improperly constructed in the past and are therefore incorrectly printed on various MEDDAC forms. Whenever an existing MEDDAC form is revised, local abbreviations appearing on it that are formatted incorrectly will be corrected.

3-4. Former local abbreviations no longer authorized for use

Formerly, the MEDDAC's local medical abbreviations were listed in MEDDAC Pamphlet 40, which has been superseded by this regulation. While producing this regulation from that pamphlet, it was discovered that many local abbreviations conflicted with or duplicated those in AR 40-66. In addition, many abbreviations represented multiple terms and some were clearly non-medical in nature.

3-5. Preprinted medical abbreviations on MEDDAC forms

a. *New MEDDAC forms.* Except as noted below, effective 21 November 2003, preprinted abbreviations will no longer be used on MEDDAC forms except in cases where space is so limited on the form that it is absolutely necessary to use authorized abbreviations. In such cases, the abbreviations will be kept to the absolute minimum, and as authorized by AR 40-66, appendix B, and appendixes B and C of this regulation. The following abbreviations, which are authorized by AR 40-66, will continue to be preprinted on MEDDAC forms because they are understood by everyone and spelling them out would present cumbersome reading for the users:

- (1) EEG: Electroencephalogram.
- (2) EGD: Esophagogastroduodenoscopy.
- (3) EKG, ECG: Electrocardiogram.

b. *Existing MEDDAC forms.* MEDDAC forms in existence prior to 21 November 2003, will be revised to eliminate preprinted abbreviations the next time these forms are revised for some other reason. In such cases, replacement of abbreviations by spelled out text will be made IAW paragraph a, above.

3-6. Procedure for obtaining approval of new/revised forms that contain medical abbreviations

a. *Creating the new or revised form.* When creating a new form or revising an existing one, and whether or not the form will be filed in patient records, the proponent will—

- (1) Use only those medical abbreviations listed in AR 40-66, appendix B, appendix B of this regulation, and paragraph 3-5, above.
- (2) Ensure each abbreviation on the form is exactly as it appears in the appendixes

mentioned in (1) above (that is, all upper case, all lower case, or upper and lower case mix). If there is more than one instance of an abbreviation, each instance must be correct.

(3) Not use medical abbreviations that are not authorized by AR 40-66 or this regulation unless written approval for the new local abbreviation has first been obtained from the Chairperson, MRRC. Due to the great number of local abbreviations currently in use, proponents are advised that requests to approve new abbreviations may not be honored.

(4) Submit a finished draft of the new or revised form to the FCO along with a completed DD Form 67 (Form Processing Action Request). DD Form 67 is available in FormFlow and in hard copy from the FCO. An instruction sheet for completing the form is available upon request from the FCO.

b. *Actions by the FCO.* Upon receiving a request to approve a new or revised MEDDAC form, the FCO will—

(1) Review the form to ensure that all medical abbreviations appearing on it are authorized by AR 40-66 and/or this regulation and that they are formatted correctly. As appropriate, the FCO will correct or direct the proponent to correct any authorized abbreviations that are incorrectly formatted, and direct the proponent to remove any unauthorized abbreviations and replace them with authorized abbreviations or text. (See paragraph 2-1 above for the use of unauthorized abbreviations in narrative text on a form.)

(2) When the FCO has determined the form is in compliance with the abbreviations standards of AR 40-66 and this regulation, and that all other formatting requirements have been met, he or she will—

(a) Forward the form and the accompanying DD Form 67 to the MRRC for final review and approval if the form is eligible to be filed in medical records, then, after receiving the MRRC's approval, finalize and reproduce the form.

(b) Finalize and reproduce the form if it is not eligible to be filed in medical records and therefore does not require the MRRC's approval.

c. *Actions by the MRRC.* Upon receiving a request from the FCO to review a new or revised MEDDAC form, the MRRC will ensure the form is necessary, that it does not duplicate a form already issued by this headquarters or a higher headquarters, that all medical terms used are correct and clear, and that the abbreviations are in compliance with AR 40-66 and this regulation. If the above requirements are met, the MRRC may take one of two courses of action—

(a) It may approve the form. In this case, the MRRC will return the form and the DD Form 67 to the FCO who will complete actions IAW paragraph b(2)(a) above.

(b) Return the proposed form and accompanying DD Form 67 to the proponent with instructions to correct specific deficiencies, then return the form to the MRRC for further consideration.

Appendix A References

Section I Required Publications

AR 40-66
Medical Record Administration

Section II Related publications

A related publication is merely a source of additional information. The user does not have to read it in order to understand this publication.

AR 310-50
Authorized Abbreviations, Brevity Codes, and Acronyms
**Section III
Prescribed Forms**

This section contains no entries.

Section IV Referenced Forms

DD Form 67
Form Processing Action Request

Appendix B
Authorized MEDDAC Medical Abbreviations and Symbols

B-1. Medical abbreviations

A list of all local MEDDAC medical abbreviations to supplement those in AR 40-66, appendix B.

AAA abdominal aortic aneurysm	amb ambulate; ambulance	artery disease
AAROM active assisted range of motion	A&O alert and oriented	ASCVD arteriosclerotic cardiovascular disease
abd abdomen; abdominal; abduction	A&O X 3 alert and oriented to person, place, and time	ASIS anterior superior iliac spine
AC acromioclavicular	A&O X 4 alert and oriented to person, place, time and situation	ATFL anterior talo-fibular ligament
ACL anterior clavicular line; anterior cruciate ligament	AODM adult onset diabetes mellitus	AVM arteriovenous malformation
ACS anterior capsular shift	APB atrial premature beat	AVN avascular necrosis
ADD attention deficit disorder; adduction	APL abductor pollicis longus	AVR aortic valve replacement
ADHD attention deficit with hyperactivity disorder	AR active resistance; aortic regurgitation	BBS bilateral breath sounds
AHS anterior inferior iliac spine	ARDS acute respiratory distress syndrome	BCC basal cell cancer
AIVR accelerated idioventricular rhythm	AROM active range of motion	BEE back extension exercises
A Line arterial line	art artery; arterial	BFE back flexion exercises
	ASCAD arteriosclerotic coronary	BG chem blood glucose chemistry

BHCG beta-human chorionic gonadotropin	CI cardiac index	cv cardiovascular
BIH bilateral inguinal hernia	CIN cervical intra-epithelial neoplasia	CVL convalescent leave
brady bradycardia; bradycardic	CKC cold knife conization	CW crutch walk
BRBPR bright red blood per rectum	clr clear	c/w consistent with
BS blood sugar	cm chondromalacia	DFM deep friction massage
BSA body surface area	CP chest pain; cerebral palsy	diff differential
BSO bilateral salpingo-oophorectomy	cp arrest cardiopulmonary arrest	dig digoxin
CaB cancer of bladder	CPAP continuous positive airway pressure	DIP distal interphalangeal joint
CaP cancer of prostate	CPM continuous passive motion	dng drainage; draining
CA ligament coraco-acromial ligament	C-spine cervical spine	DOD date of discharge
CEA carotid endarterectomy	cr creatinine; closed reduction	DOI date of injury
CFL calcaneo-fibular ligament	CTA clear to auscultation	DOS date of surgery
CHD congenital heart disease	CTR carpal tunnel release	DMI diaphragmatic myocardial infarction
CHI closed head injury	CUA cystoscopy under anesthesia	DP dorsalis pedis

DPfR
distal patellofemoral
realignment

DTV
due to void

E
energy

echo
echocardiogram

ECRB
extensor carpi radialis brevis

ECRL
extensor carpi radialis longus

E-stim
electrical stimulation

ECU
extensor carpi ulnaris

EHL
extensor hallucis longus

EIC
epidermal inclusion cyst

EIP
extensor indicis proprius

EJ
external jugular; elbow jerk

EM
erythema multiforme

EO
external oblique

EOMI
extra ocular movement intact

EPB
extensor pollicis brevis

epi
epidural

EPL
extensor pollicis longus

EPTS
existed prior to service

ER, ext rot
external rotation

ERCP
endoscopic retrograde
cholangio-pancreatography

ESLD
end-stage liver disease

ev
Eversion

ExFix
external fixator

Ext/Flex
extension/flexion

FAROM
functional active range of
motion

FCL
fibular collateral ligament

FCR
flexor carpi radialis

FCU
flexor carpi ulnaris

FDP
flexor digitorum profundus

FDS
flexor digitorum superficialis

FHL
flexor hallucis longus

flex
flexion

FOOSH
fall on outstretched hand

FPB
flexor pollicis brevis

FPL
flexor pollicis longus

FSC
fine scattered crackles

FTP
failing to progress

FWB
full weight bearing

gent
gentamycin

GERD
gastroesophageal reflux
disease

GhJ
Glenohumeral joint

GXT
stress test; graduated test;
graded exercise test

H₂O₂
hydrogen peroxide

HAB
horizontal abduction

HAD
horizontal adduction

HB
heart block

HCO₃
bicarbonate

H&E
hematoxylin eosin stain

HEP
home exercise program

hep lock
heparin lock

HNV
has not voided

HOH
hard of hearing

HPV
human papillomavirus

hsm
hepatosplenomegaly

HSP
Henoch-Schonlein purpura

HSV
herpes simplex virus

HTO
high tibial osteotomy

HVLA
high velocity – low amplitude
(type of manipulation)

HZV
herpes zoster virus

ICBG
iliac crest bone graft

ICP
intracranial pressure

ICT
intermittent cervical traction

IDDM
insulin dependent diabetes
mellitus

IdN
intradermal nevus

IEE
intra-epithelial epithelioma

IJ
internal jugular

IMV
intermittent mandatory
ventilation

insp
inspiratory; inspiration

inv
inversion

IO
internal oblique muscle

IP
ice pack

IPK
intractable plantar keratosis

IR, int rot
internal rotation

IRDM
insulin requiring diabetes
mellitus

IS
incentive spirometry;
intercostal space

ITB
ilio-tibial band

IWMI
inferior wall myocardial
infarction

J
Joule

JDM
juvenile diabetes mellitus

JVD
jugular vein distention

KOH
potassium hydroxide exam for
fungus

KVO
keep vein open

L
left

L-spine
lumbar spine

LatR
lateral release

LCL Lateral collateral ligament	LSO left salpingo-oophorectomy	MFC medial femoral condyle
LCPD Legg-Calve-Perthes Disease	LTP lateral tibial plateau	MFR myofascial release
LD latissimus dorsi	lytes electrolytes	MHP moist heat pack
LEEP loop electro excision procedure	M middle; medial	min minimal
LFC lateral femoral condyle	MAE moves all extremities	MinA minimum assistance
LHD left hand dominant	MAt multifocal atrial	MLBP mechanical low back pain
LIH left inguinal hernia	MaxA maximum assistance	MM malignant melanoma
LIS lateral internal sphincterotomy	M/B manifested by	MMK Marshall-Marchetti-Krantz
LMT lateral meniscal tear	MB myocardial band; methylene blue	MMT medial meniscal tear; manual muscle test
LN₂ liquid nitrogen	MCA motorcycle accident	MOD medical officer of the day
LOK lack of knowledge	MCL medical collateral ligament	ModA moderate assistance
LROM limited range of motion	McP metacarpal phalangeal joint	MOI mechanism of injury
LRot left rotation	MD muscular dystrophy	MPAP mean pulmonary artery pressure
LSB left side bending	MdI multidirectional instability	MPAW mean pulmonary artery wedge
	MF multifidus muscle	

MRI
magnetic resonance imaging

MSR
muscle spindle reflex

Mt
metatarsal

MTP
medial tibial plateau

MTPJ
metatarsal phalangeal joint

MUA
manipulation under anesthesia

MVA
motor vehicle accident

MVP
mitral valve prolapse

NABS
normal active bowel sounds

NCP
nursing care plan

neb
nebulizer

nf
neurofibroma

NGT
nasogastric tube

NIDDM
non-insulin dependant
diabetes mellitus

NIO
nurse initiated order

NO
nursing order

NSAID
nonsteroidal anti-
inflammatory drugs

N/V/D
nausea, vomiting, and
diarrhea

NVI
neuro-vascular intact

oa
osteoarthritis

OCD
obsessive compulsive
disorder; osteochondral
defect; osteochondritis
dissecans

OLatR
open lateral release

ORIF
open reduction internal
fixation

osm
osmolarity

PA/lat
posterior/anterior and lateral

PAD
pulmonary artery diastolic

PAS
pulmonary artery systolic

PAWP
pulmonary artery wedge
pressure

PCA
patient controlled analgesia

PCL
posterior cruciate ligament

pCO₂
carbon dioxide tension

PCM
primary care manager

PCN
penicillin

PD
interpupillary distance

PEEP
positive end expiratory
pressure

PEH
pseudo-epitheliomatous
hyperplasia

PERI
perineal

PF
plantar flexion

P/F
potential for

PFT
pulmonary function test

PFS
patellofemoral syndrome

PFPS
patellofemoral pain syndrome

PIIS posterior inferior iliac spine	PROM passive range of motion	R right
PIP peak inspiratory pressure; proximal interphalangeal joint	PS pressure support	RAD reactive airway disease
PJC premature junctional contraction	PSHx past surgical history	RAH radical abdominal hysterectomy
Pk/Yr packs per year	PSIS posterior superior iliac spine	RC retrograde cystogram
PMR polymyalgia rheumatica	PSvT paroxysmal supraventricular tachycardia	RCL radical collateral ligament
PNC premature nodal contraction	PT physical therapy	RD radial deviation
PNS peripheral nervous system; Proprioceptive Neuromuscular Facilitation	PTFL posterior talo-fibular ligament	RHD right hand dominant
PO₄ phosphate	PTHc percutaneous transhepatic cholangiogram	RIH right inguinal hernia
POD pediatric officer of the day	PTSD post traumatic stress disorder	RLE right lower extremity
PPN peripheral parenteral nutrition	PUVA psoralens and ultraviolet A light therapy	RpLND retroperitoneal lymph node dissection
PRE progressive resistance exercises	PWB partial weight bearing	RPPS retro-patellar pain syndrome
PREV previous	QUAD quadrant; quadriceps	RRot right rotation
PRK photorefractive keratectomy	QS quadriceps sets	RRP radical retroperitoneal prostatectomy
	qtrs quarters	RRR regular rate and rhythm

R/S renal scan	SIJ sacro-iliac joint	tach tachycardia
RSA recurrent Sudeck's Atrophy	SIL squamous intra-epithelial lesion	T&C type and cross match
RSB right side bending	SK seborrheic keratitis	TBI traumatic brain injury
RSO right salpingo-oophorectomy	SL sublingual	tcn tetracycline
RT related to; radiation therapy	SLS single leg stand	TENS transcutaneous electrical neuromuscular stimulation
RTD return to duty	SOC surgical officer on call	TFA thigh foot angle; total fatty acids
rxn reaction	SOD surgeon on duty	TFCC triangular fibrocartilage complex
SaB subarachnoid bleed	spont spontaneous	THA total hip arthroplasty
SAQ short arc quadriceps	SPT static pelvic traction	tib-fib tibia-fibula
SAT saturation; saturated	S&S signs and symptoms	TKA total knee arthroplasty
SBA stand by assistance	ST sinus tachycardia	TKO to keep open
SBP systolic blood pressure	Sup/Pron supination/pronation	T/O telephone order
SCJ sterno-clavicular joint	SVD spontaneous vaginal delivery	tob tobacco
SCT static cervical traction	SVT Supraventricular tachycardia	tol tolerate; tolerance
SDS same day surgery	sz seizure	

TOS
thoracic outlet syndrome

TP
tibialis posterior; total protein

TrA
transversus Abdominis

trach
trachea; tracheostomy

TS
triceps surae

T-spine
thoracic spine

TSS
toxic shock syndrome

TTP
tenderness to palpation

TTWB
toe touch weight bearing

tx
traction; treatment

UCL
ulnar collateral ligament

UD
ulnar deviation; uridine diphosphate

UOut
urine output

Ut
uterus

UTD
up-to-date

V
ventricular

VF
visual field

VFib
ventricular fibrillation

VIN
vaginal intra-epithelial neoplasia; vulvar intra-epithelial neoplasia

VISI
volar intercalary segmental instability

VMO
vastus medialis obliques

V/O
verbal order

VPB
ventricular premature beat

vp shunt
ventriculoperitoneal shunt

V-Q scan
ventilation-perfusion scan

VT
ventricular tachycardia

VV
verruca vulgaris

WBAT
weight bearing as tolerated

WDWN
well developed, well nourished

WFL
within functional limits

XMG
mammogram

B-2. Medical symbols

Local MEDDAC medical symbols to supplement those in AR 40-66, appendix B are shown in figure B-1.

at	Bilateral	Left	Right
@	Ⓟ	Ⓛ	Ⓡ

Figure B-1. Medical symbols

Appendix C

Prohibited Medical Abbreviations, Symbols, and Other Usages

C-1. General instructions regarding the use of medical abbreviations and symbols

a. Medical abbreviations not listed in AR 40-66, appendix B, or in appendix B of this regulation are strictly prohibited from use in Army medical records unless the terms they represent are completely spelled out the first time they are used on a medical record form and are immediately followed by the abbreviation in parenthesis. For example: extraocular movement (EOM). This procedure must be followed every time an unauthorized abbreviation is used on a form.

b. Medical abbreviations that are listed in AR 40-66, appendix B, and in this appendix B of this regulation may only be used in substitute for the terms specified in the respective appendix B. Such abbreviations may not be used for other terms, regardless of the situation.

c. Medical abbreviations will not be used on the preprinted portions of MEDDAC forms except in cases where it is absolutely necessary due to space limitations.

C-2. Prohibited medical abbreviations, symbols and other usages

One of the major causes of medication errors is the ongoing use of potentially dangerous abbreviations and dose designations. The person filling the order can misinterpret its meaning. Therefore, to enhance the safety of communication, the following list of ambiguous and other dangerous forms of notation of notation will be eliminated from all hand-written, patient-specific documentation including medication orders, and all preprinted forms. Table C-1 (on the next page) contains medical abbreviations, symbols and other usages that are strictly prohibited to be used on medical records created within this MEDDAC.

Table C-1. Prohibited medical abbreviations, symbols and other usages				
Abbreviation	Meaning	Potential problem	Preferred term	Remarks
IU	International unit	Often mistaken for "IV," as in intravenous; and "10" as in the number ten.	Write "international unit"	This abbreviation was formerly authorized by this regulation.
D/C	Discharge	Often interpreted as discontinue whatever medications follow (typically discharge medications).	Write "discharge"	
H.S.	Half-strength; Latin abb. for bedtime	When used to mean half-strength, may be mistaken to mean hour of sleep (at bedtime) (q.H.S.), and vice versa.	Write "half-strength" or "bedtime"	
MS MSO M ₉ SO ₄	Morphine sulphate and magnesium sulfate	Confused with each another. Can mean morphine sulphate or magnesium sulfate.	Write "morphine sulfate" or "magnesium sulfate"	MSO ₄ and MgSO ₄ are not approved abbreviations IAW AR 40-66 or this regulation. MS is authorized by AR 40-66 to be used for "multiple sclerosis" and may still be used for that purpose.
Q.D. Q.O.D.	Latin abb. for once daily and every other day	The period "." after the Q can be mistaken for an I and the "O" can also be mistaken for an I.	Write "daily" or "every other day"	
Trailing Zero (X.0mg) Lack of leading Zero (.Xmg)		Decimal point may be missing.	Never write a zero by itself after a decimal point – (Ex: 1mg, not 1.0mg); Always use a zero before a decimal point when there is no integer – (Ex: 0.1mg, not .1mg).	
U	Unit, upper	Mistaken as 0, 4, and cc.	Write "unit" or "upper"	Although authorized by AR 40-66 for both meanings, this abbreviation will not be used within this MEDDAC.
μg	Microgram	Mistaken for mg (milligram), resulting in a 1000-fold overdose!	Write "mcg"	The abbreviation "mcg" for "microgram" is in AR 40-66.

Glossary

Section I Abbreviations

FCO

forms control officer

IAW

in accordance with

MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

MRRC

Medical Records Review Committee

Section II

Terms

This section contains no entries.