

Preface

The use of abbreviations in medicine and nursing has been increasing rapidly. Unfortunately, there are no rules, regulations, or agreements about the proper form for such abbreviations, nor is there even a central group to make such rules, regulations, or agreements. Consequently, growing confusion has resulted. This book is an attempt to provide some help for those who encounter abbreviations that must be translated to make sense of a description, a history and physical, a physician's order, or a report. We are grateful to Ms. Pam Werner for her efficient secretarial assistance. We welcome any suggestions for new abbreviations to be added to future editions, or any other suggestions for improvements.

Introduction

The abbreviations listed in this book are those that are in use or have been in use. They are not to be considered our recommendations. Indeed, we believe, with others, that there are entirely too many abbreviations and that many of them are confusing and undesirable. Few if any readers will encounter all the abbreviations listed. However, no one can predict which mix of abbreviations will be encountered by any individual, so a fairly complete list is presented.

Many hospitals have, or should have, an approved list of abbreviations. This book can be used as the nucleus of such a list. A committee can check those abbreviations that are approved for use in that hospital, and space has been left at the bottom of each page to add any special abbreviations that are not listed. At the same time, the unchecked abbreviations can be helpful as a guide to understanding records from other hospitals and articles in journals.

All entries are arranged alphabetically, and the absence of a letter precedes the letter A. For example, the abbreviation P precedes PA.

We have followed established usage in deciding whether to capitalize or not to capitalize. However, we place no reliance on this, since there are too many discrepancies in such usage, and since it is in constant flux. If an abbreviation is capitalized in this book, it means that the sources in which we found the abbreviation used capitals. Unfortunately, however, a physician using that abbreviation may not employ capitals, so one must be prepared to interchange capital and small letters in many situations.

Following the alphabetical list are supplementary lists that include the letters of the Greek alphabet, symbols for Greek and Roman letters used together, and nonalphabetical symbols. The latter are not, of course, in any particular order.

Most of the abbreviations are derived from the first letters of the words being abbreviated. Others involve parts of words, and still others are derived from Latin. For this reason, there may not be any readily recognizable correspondence between the abbreviation and the original words.

Most of the abbreviations in this listing are in current use. Some older or obsolete abbreviations are also included since they are encountered when one reads old articles or patients' charts.

It is quite evident that the same abbreviation may be used to denote many different things that are completely unrelated. Sometimes, the context in which the abbreviation is used may indicate its probable meaning. At other times, however, this is not possible. For example, in the sentence "The ACS recommends an intensive search to find less toxic anticancer drugs," the abbreviation ACS could apply with equal logic to the American Cancer Society, the American Chemical Society, or the American College of Surgeons.

Greater care is needed in developing and using acronyms, especially those that duplicate or resemble words that already have a meaning. A particularly unfortunate choice is the acronym COLD to refer to chronic obstructive lung disease. One can imagine the distress of a patient who has been hospitalized and who received an extensive workup and substantial bill, when he inadvertently hears or sees the term COLD used as the final diagnosis. We recommend that acronyms used in medicine and nursing not be duplicates of any existing words.

Steps need to be taken to lessen the confusion caused by excessive use of abbreviations. It is customary, in some journals and books, to introduce an abbreviation in parenthesis immediately after the word or phrase being abbreviated, and to use only the abbreviation thereafter. This is cumbersome and quite unsatisfactory to the reader who may forget the meaning of the abbreviation and have to search the text for the key. A much better system would be to provide a box in which all abbreviations used in a particular article or chapter are listed and translated.

References

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