

Accreditation: ROP of the Week

Required Organizational Practice: "Do Not Use" Abbreviations

WHAT ARE "DO NOT USE" ABBREVIATIONS?

- A list of abbreviations, symbols and dose designations that are not to be used have been identified and implemented.
- Some examples of how abbreviations may be misinterpreted:
 - o D/C used to indicate Discharge or Discontinue and the intended meaning isn't clear;
 - > and < (greater than/less than) which can be misunderstood or interpreted incorrectly;
 - OD used to indicate Daily can be confused with AD, AS, AU, OU, OS;
 - Use of a trailing zero (e.g. 1.0 mg of Warfarin misinterpreted as 10 mg);
 - Not using a leading zero (e.g. .5 mg of Haloperidol misinterpreted as 5 mg or 15 mg).

Misinterpreted abbreviations and symbols can result in omission incidents, improper dosing, wrong drug or wrong route of administration.

AT HEALTH PEI:

- There is a provincial "Do Not Use" Abbreviations, Symbols and Dose Designations for Medication-Related Documentation Policy.
- The policy includes a list of abbreviations, symbols and dose designations that are not to be used within the organization. The list is adapted from the *Institute of Safe Medication Practices (ISMP) Canada's* 'Do Not Use List.'
- Audits of abbreviation used within medication orders are conducted and feedback is provided.
- Powerplans, pre-printed order sets, forms and labels are reviewed by the Provincial Drug & Therapeutics Committee and the pharmacy department to ensure inappropriate abbreviations are avoided.
- All healthcare professionals involved in the writing and transcription of medication orders are reminded to avoid using abbreviations and when orders are handwritten, to ensure the orders are legible.
- Free-text orders are verified by the pharmacist and inappropriate abbreviations are removed.

Questions Accreditation Canada Surveyors May Ask Staff:

Where can you find Health PEI's 'Do Not Use' List of Abbreviations?

How do you report incidents or near misses with inappropriate abbreviations?

What are some examples of clinical documentation where abbreviations might be dangerous to use?

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