

JCAHO “Forbidden” Abbreviations

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Be prepared for more telephone calls from nurses and pharmacists. If you write one of the following forbidden abbreviations in a medication order, the registered nurse or pharmacist will call you to confirm the intent of your order before executing it. This is because of JCAHO National Patient Safety Goal #2: improve the effectiveness of communication among caregivers.

To meet this JCAHO goal, organizations must standardize the abbreviations, acronyms, and symbols used throughout their organization. This includes developing a “Do Not Use” list of abbreviations, acronyms, and symbols.

Beginning January 1, 2004, JCAHO requires the following dangerous abbreviations, acronyms and symbols be included on each accredited organization’s “Do not use” list.¹

JCAHO Forbidden Abbreviations		
Abbreviations	Potential Problem	Preferred Term
U (for unit)	Mistaken for zero, four or cc.	Write “unit”
IU (for international unit)	Mistaken for IV (intravenous) or 10 (ten).	Write “international unit”
Q.D., Q.O.D. (Latin abbreviation for once daily and every other day)	Mistaken for each other. The period after the Q can be mistaken for an “I” and the “O” can be mistaken for “l.”	Write “daily” or “every other day”
Trailing zero (X.0 mg), Lack of leading zero (.X mg)	Decimal point is missed.	Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
MS MSO ₄ MgSO ₄	Confused for one another. Can mean morphine sulfate or magnesium sulfate.	Write “morphine sulfate” or “magnesium sulfate”

JCAHO “Forbidden” Abbreviations—Cont’d

In addition, effective April 1, 2004, each organization must add at least another three “do not use” abbreviations, acronyms and symbols to the organization’s “Do Not Use” List. The JCAHO suggests selecting from the following:

Other “Not To Be Used” Abbreviations, Acronyms, and Symbols		
Abbreviations	Potential Problem	Preferred Item
µg	Mistaken for mg (milligrams) resulting in one thousandfold dosing overdose.	Write “mcg”
H.S. (for half-strength or Latin abbreviation for bedtime)	Mistaken for either halfstrength or hour of sleep (at bedtime). q.H.S. mistaken for every hour. All can result in a dosing error.	Write out “half-strength” or “at bedtime”
T.I.W. (for three times a week)	Mistaken for three times a day or twice weekly resulting in an overdose.	Write “3 times weekly” or “three times weekly”
S.C. or S.Q. (for subcutaneous)	Mistaken for SL for sublingual, or “5 every”.	Write “Sub-Q”, “subQ”, or subcutaneously
D/C (for discharge)	Interpreted as discontinue whatever medications follow (typically discharge meds).	Write “discharge”
c.c. (for cubic centimeter)	Mistaken for U (units) when poorly written.	Write “ml” for milliliters
A.S., A.D., A.U. (Latin abbreviation for left, right, or both ears) O.S., O.D., O.U. (Latin abbreviation for left, right, or both eyes)	Mistaken for each other (e.g., AS for OS, AD for OD, AU for OU, etc.)	Write “left ear,” “right ear” or “both ears;” “left eye,” “right eye,” or “both eyes”

The Institute for Safe Medication Practices (ISMP) has also published a list of dangerous abbreviations relating to medications use. This list is available at www.ismp.org. Examples from this list are:

JCAHO “Forbidden” Abbreviations—Cont’d

Abbreviations	Potential Problem	Preferred Term
> and <	Mistakenly used opposite of intended	Use “greater than” or “less than”
/ (slash mark)	Misunderstood as the number 1 (“25 unit/10 units” read as “110” units.	Do not use a slash mark to separate doses. Use “per.”

Whenever any prohibited item has been used in an order, there must be written evidence of confirmation of the intended meaning before the order is carried out. If, in the judgment of the people providing care to the patient (e.g., the registered nurse and pharmacist), the order is clear and complete and the delay to obtain confirmation from the prescriber prior to 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 thereafter.¹

Through the end of 2004, JCAHO will limit the survey and score of this requirement to all handwritten, patient-specific documentation, not just orders. As of 2005, the requirement will also apply to preprinted forms and software that contain the prohibited items.

¹ http://www.jcaho.org/accredited+ organizations/patient+ safety/04+ npsg /04_faqs.htm

Call for Submission of Resolutions to the House of Delegates

Any CSA member may submit a resolution to the House of Delegates (your elected representatives) on any issue that you deem important. The deliberations pursuant to these resolutions influence the course of action of the CSA during the ensuing year. For assistance in formulating a resolution, you are welcome to contact Edgar D. Canada, M.D., Speaker of the House of Delegates.

The House of Delegates will meet on Saturday, May 22, 2004, as part of the Annual Meeting of the CSA/UCSD at the Hilton San Diego Mission Bay in San Diego, California. A reference committee meets Friday evening to hear testimony on all matters to be considered by the House. For more information, contact the CSA office (650) 345-3020, (800) 345-3791, fax (650) 345-3269, or LEHerren@calsocanes.com.

The deadline for submissions is April 20, 2005.