Tohono O'odham Nation Health Care Administrative Policy Do Not Use Abbreviations

Do Not Use any of the Following When Ordering or Prescribing:

- The Joint Commission recommended list of unacceptable abbreviations. TJC recommends a "do not use" list of a minimum of eight (8) items.
- Institute of Safe Medication Practices (ISMP) list of dangerous abbreviations relating to medication use. The ISMP recommends these abbreviations should be explicitly prohibited.

Unacceptable Abbreviation/Symbol	Code	Why this is not to be used	What <u>is acceptable</u> practice
Decimal point preceding dose without preceding zero -	*/*	Can be mistakenly read as multitudes of the intended amount without notice of the decimal	Include the preceding zero (0) before a decimal point when the dose is less than a whole unit
example: .5 mg			example: 0.5 mg
Trailing or terminal zero after decimal point - example: 3.0 mg	*/*	Can be mistakenly read as multitudes of the intended amount without notice of the decimal point	Do not use trailing or terminal zeros. Write doses as whole numbers - example: 3 mg
A.D., A.S., A.U.	*/*	Can be mistaken for each other or for O.D., O.S., O.U.	Write out the term "left ear", "right ear" or "both ears"
Apothecary symbol for the word dram	**	Can be mistaken for the number three (3)	Use the metric system instead of this apothecary symbol
IU	*/*	Can be mistaken for intravenous or 10 (ten)	Write out the words "international units"
q.d. or QD every day	*/*	Can be mistaken for q.i.d.	Write out the word "daily" or "every day"
q.o.d. or QOD every other day	*/*	Can be mistaken for daily or four times daily	Write out the phrase "every other day"
TIW or tiw	*/*	Can be mistaken for three times per day	Write out three times per week, do not use the abbreviation TIW or tiw
U or u	*/*	Frequently mistaken for the number zero or the number four	Write out the word "unit"

The follow	ng Drug Abbreviations are not to be used:	Write out the complete name of the drug
MgSO4 - sulfate	Magnesium **	
MSO4 -	Morphine sulfate **	
MS - sulfate	Morphine **	

Employee Name (Print):	Date:
Employee Signature:	Supervisor Signature:

Updated & Approve: 02/2011, 04/2014, 07/2016 Reference: TJC CAMH