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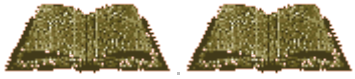

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THE INTERESTING WORLD OF MEDICAL ABBREVIATIONS

Medical Abbreviations: 15,000 Conveniences at the Expense of Communications and Safety, 10th Edition *by* Neil M. Davis.
Neil M. Davis Associates, 1143 Wright Drive, Huntingdon Valley, PA 19006-2721; . ; 432 pages; ISBN 0-931431-10-7. Library of Congress Catalogue Card No. 00-193232. Publication Date 2001: Price, $22.95.

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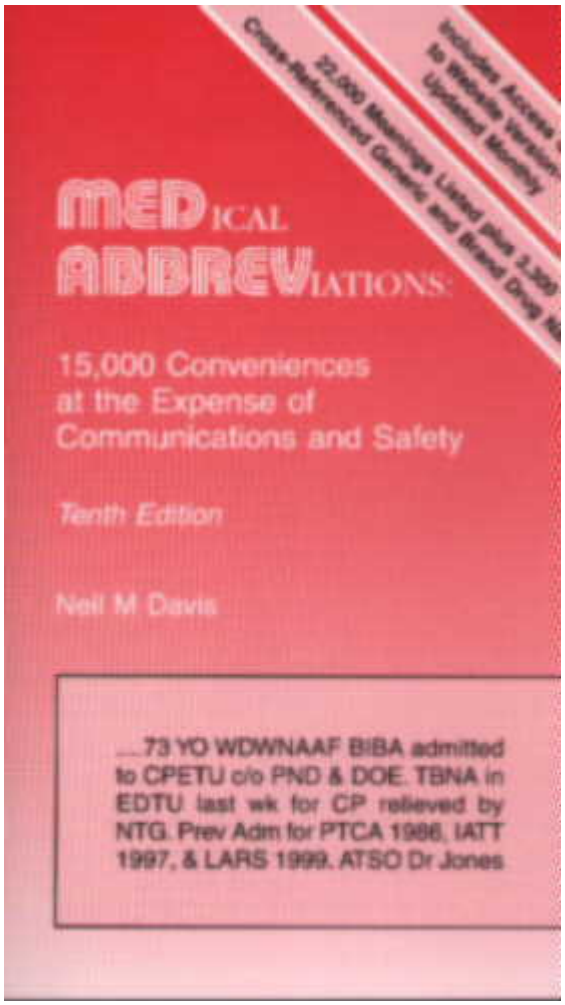

Let me begin by reproducing a paragraph which appears on the cover of this highly interesting book. What do you understand by the following:

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73 YO WDWNAAF BIBA admitted to CPETU c/o PND & DOE. TBNA in EDTU last wk for CP relieved by NTG. Prev Adm for PTCA 1986, IATT 1997, & LARS 1999, ATSO Dr Jones.
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Stumped?

I wouldn't blame you. I myself tried to figure out this paragraph before I opened the book. What does DOE stand for, I asked myself? Is it "Date of Examination" or is it "Disease-oriented evidence"? What about PND? Is it "Pelvic Node Dissection" or "Postnasal Drip" or "Pregnancy, not delivered". TBNA? Is it "Transbronchial Needle Aspiration". And what about CP? I tried several possible candidates: Centric position, Cerebral palsy, Certified paramedic, Chemical peel, Chemistry profiles, Chest pain, Chloroquine-primaquine, Chondromalacia patella, Chronic pain, Chronic pancreatitis, Cleft palate, Clinical pathway, Closing pressure, Convenience package, Cor pulmonale, Creatine phosphokinase, Cyclophosphamide and Platinol or Cystopanendoscopy, but couldn't decide what was right. And lastly what did the *cryptographer* mean by NTG? Was it Nontoxic goiter or Nontreatment group? Or was it Normal tension glaucoma?

Soon it dawned upon me, that I would have to open the book to decipher this cryptic message. I did, and was immediately rewarded not only with a correct answer, but a host of other useful information.

View this book on Amazon

As forensic medicine specialists, we are frequently contacted by medical people who have written a prescription, which was wrongly deciphered by the nurse or the dispensing chemist, and consequently the patient suffered some harm. Almost invariably a charge of medical negligence is brought against both the medical practitioner and the nurse. What could they do to avoid such disasters in future? Well, the ideal answer is not to use abbreviations at all. But this is not always possible, as medical personnel always seem to be in such great hurry. The second best answer is to master as many possible abbreviations as possible, and check them with the person who wrote it, in case of any doubt. The book under review is a masterly collection of over 15,000 currently used abbreviations in medicine, which are not normally found in usual dictionaries such as *Dorland's* or *Stedman's*. This dictionary could profitably be used by medical practitioners and nurses. I would imagine that this book must be bought by all medical, dental and nursing students the moment they gain entry into the medical school. We all buy medical dictionaries at this time, but forget about the abbreviations dictionary. I would think that such a dictionary is a must if we want to avoid all possible complications in our professional life.

QUICK NOTES

Some major highlights of *Medical Abbreviations* at a glance:

- Lists 22,000 meanings for 15,000 abbreviations, acronyms and symbols, a 10% increase from the last edition
- 3,300 cross-referenced list of generic and brand drug names
- Easy to read format
- Convenient pocket size - 432 pages
- Reasonably priced so that everyone can have his or her own copy
- Internet version access included in the purchase price of the book
- Internet version is updated monthly, and you can use it for two years

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Abbreviations can not only be cryptic, they could mean different things to different people. What about the abbreviation PP? Sample the amazingly vast variety of things it could mean to different people: it could mean paradoxical pulse, partial upper and lower dentures, near point of accommodation, pedal pulse, per protocol, periodontal pockets, peripheral pulses, pin prick, pink puffer (emphysema), Planned Parenthood, plasmapheresis, plaster of Paris, poor person, posterior pituitary, postpartum, postprandial, presenting part, private patient, prophylactics, protoporpyhria, proximal phalanx, pulse pressure, and push pills. And not to talk of P-P, which means probability-probability plots, and P&P, which could mean either pins and plaster or policy and procedure! One would imagine the large number of meanings is because of lesser number of letters in the given acronym. Okay let us talk about an acronym, which has 4 letters - MINE. The number of possibilities are less, but they are still enough to confound anyone. This acronym could still have three different meanings: "Medical Information Network of Europe", "mesna, ifosfamide, Novantrone, and etoposide" and "medical improvement not expected"! In a highly interesting example, which the author quotes on page 6, a perfectly legitimate prescription could be written as "OD OD OD"! The three ODs in the prescription each has a different meaning. The correct meaning of this prescription is "one drop in the right eye once daily". OD means "one drop", "right eye" as well as "once daily".

The above abbreviations are examples where a particular abbreviation could have different meanings. But there are several examples where the different meanings of a single abbreviation could have diametrically opposite meanings. BO could either mean "bowel open" or "bowel obstruction"; MTD could either mean "maximum tolerated dose" or "minimum tolerated dose"; NBM could either mean "no bowel movement" or "normal bowel movement"; S&S could either mean "swish and spit" or "swish and swallow"; SDBP could either mean "seated" or "standing" or "supine" diastolic blood pressure and STF could either mean "special tube feeding" or "standard tube feeding". Imagine what would happen if a doctor wrote MTD on a prescription meaning "maximum tolerated dose", and the nurse deciphered it as "minimum tolerated dose"! The author gives a number of examples in the book where mistakes like this have occurred. In one case, a slash mark (/) has been mistaken for a one, causing a patient to receive a 100 unit overdose of NPH insulin when the slash was used to separate an order for two insulin doses. What was written was this - 6 units regular insulin /20 units NPH insulin; what the nurse understood was this - 6 units regular insulin, 120 units NPH insulin. The author tells us that the abbreviation "U" for unit is the most dangerous to use. It has caused numerous tenfold insulin overdoses. According to the author, the word "Unit" should never be abbreviated. The handwritten U for unit has been mistaken for a zero, causing tenfold errors. The handwritten U has also been read as the number four, six, and as "cc".

The book under review gives 15,000 currently used acronyms, symbols and other conveniences, and 22,000 of their possible meanings. How is this possible? Because several terms have more than one answer. We have seen some examples above. Sample some more here: the abbreviation CA could have as many as 15 different meanings! It could mean cancelled appointment, *Candida albicans*, carcinoma, cardiac arrest, carotid artery, celiac artery, cellulose acetate (filter), Certified Acupuncturist, chronological age, Cocaine Anonymous, community-acquired, compressed air, continuous aerosol, coronary angioplasty and coronary artery. To confuse the matters further if the abbreviation is Ca (and not CA), it would mean Calcium. And things don't stop here. C/A means "conscious, alert"; Ca^{++} means calcification and C&A means Clinitest ® and Acetest®.

The book does not stop at just abbreviations. It also contains a cross-referenced list of 3,300 generic and brand drug names.

The first edition of the book came out in 1983, and at that time it had only 1700 abbreviations. Over last 18 years the author has increased the number of abbreviations almost ten times. The author warns us in the beginning that this publication is NOT an endorsement of the legitimacy of abbreviations. It merely gives us the possible meanings of various abbreviations which are so extensively used by various medical practitioners, that we simply can't avoid them. Although presently there are no standards for such abbreviations, yet medical personnel use them commonly, and one must be acquainted with them.

WHO WOULD FIND THIS BOOK MOST USEFUL

- case managers
- chiropractors
- clinical research contractors
- coders
- court stenographers
- dentists
- dietitians
- lawyers
- libraries
- medical records departments
- medical secretaries
- medical technologists
- medical transcriptionists
- nurses
- physical therapists
- physician assistants
- physicians
- podiatrists
- radiologic technicians
- social workers
- students

- forensic experts
- government agencies
- insurance companies
- optometrists
- pharmaceutical manufacturers
- pharmacists
- teachers
- utilization review agencies
- veterinarians

The author tells us that among the several possible candidates, he left out the obscene and completely insensitive ones. Some others which were left out from this collection were those which were so ambiguous as to be useless, such as LIDO, CORTI or CEPH. Some others served no real purpose as they were almost as long as the word they were abbreviating, such as DISCOMF for discomfort, FIOR for Fiorinal, FLEX for flexion, DEPO-M for Depo-Medrol, NEOSP for Neosporin and RMKBLE for remarkable.

But the book doesn't refrain from giving the meanings of some funny or humorous abbreviations. What does BTHOOM mean? Well, it means "beats the hell out of me". It is better stated as "differed diagnosis". I wouldn't spoil the fun by giving more such examples. Perhaps you would like to read them yourself from the book.

There are some good mnemonics for students too, and again I would cite just one. Causes of transient incontinence could be remembered by the abbreviation DIAPERS (which incidentally is not so difficult to remember, considering the symptom). The abbreviations opens up like this: **d**elirium/confusion, infection (urinary), **a**trophic urethritis/vaginitis, **p**harmaceuticals, psychological (there are two words for the P), **e**xcessive excretion (e.g., CHF, hyperglycemia), **r**estricted mobility, and **s**tool impaction.

The book in its entirety is available on the web too, but you would need a code word to access that, which comes along with the book. If you are curious, you may want to visit the book site www.medabbrev.com. When you first register yourself at this site (using the code word from your personal copy), you can use that site for two years. What use would be the site for you, once you buy the book? Well, the site is updated every month, and you have several search features which you don't have in the book. For instance, it has the interesting reverse-search feature. It works something like a "reverse dictionary", where you look for the word having a given meaning. In this type of search you could, for instance, look for all the abbreviations that contain the word "laparoscopic" or "digital" or "cardiac".

Still worried about the initial paragraph? Well, this is what it means:

73 years old well developed well nourished African-American female brought in by ambulance. Admitted to chest pain evaluation and treatment unit. Complained of paroxysmal nocturnal dyspnoea and dyspnoe on exertion. Treated but not admitted in Emergency Diagnostic and Treatment Unit last week for chest pain. Relieved by nitroglycerine. Previously admitted for percutaneous transluminal coronary angioplasty in 1986. Intra-arterial thrombolytic therapy done in 1997 and Laparoscopic Antireflux surgery in 1999. Admit to the service of Dr. Jones.

But you will first have to read this book - as I had to do - to decode paragraphs like this!

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