

# DonorNet<sup>®</sup> Abbreviations

## Final Recommendations to Standardize Abbreviations in DonorNet<sup>®</sup> OPTN/UNOS Transplant Administrators and OPO Committees

### Background and Summary

When Organ Procurement Organizations (OPOs) use non-standard abbreviations to enter information in DonorNet, it is possible for the transplant center to misinterpret the information and places the patient's safety at risk. To address this concern, the Organ Procurement Organization (OPO) Committee and Transplant Administrators Committee (TAC) worked together to identify a list of preferable standardized abbreviations to be used in DonorNet. The TAC evaluated the use of abbreviations throughout the country and consolidated a list that contained nearly 500 abbreviations.

The committees initially considered not allowing any abbreviations to be entered into DonorNet, but agreed that this was not a realistic option. Furthermore, the group acknowledged that using an abbreviation is sometimes more acceptable than spelling out the full term (i.e., MRSA is preferable to Methicillin-resistant Staphylococcus aureus) and it was unrealistic to expect OPOs not to use abbreviations of any kind. Therefore, the group agreed that using abbreviations should not be prohibited.

Past efforts to improve patient safety include the Joint Commission's (JC) "Do Not Use" list which includes six abbreviations (see Table A). The JC ruling on acceptable abbreviations concluded that any reasonable approach to standardizing abbreviations, acronyms, and symbols is acceptable. Examples of acceptable approaches to achieve this include:

- Standardized abbreviations developed by the individual organization.
- Use of a published reference source. However, if multiple abbreviations, symbols or acronyms are used for the same term, the organization identifies what will be used to eliminate any ambiguity.
- A decision that individuals who work in the organization may use any abbreviation, acronym or symbol that is not on the list of unacceptable abbreviations. However, if multiple abbreviations, symbols, or acronyms exist for the same term, the organization identifies what will be used to eliminate ambiguity.

The subcommittee reviewed the above information and relevant DonorNet data they agreed that members would be inclined to use a list of pre-determined standard abbreviations when entering information into DonorNet because it is in the patient's best interest to communicate DonorNet information accurately. The subcommittee also agreed that those standard abbreviations should be categorized into groups (i.e., lab values and IV crystalloid solutions), and include only a brief list of standard abbreviations that do not fit within the stated acceptable categories (i.e., r/o instead of rule out).

The OPO staff on site cannot be held responsible for the abbreviations used by hospital personnel on progress notes, history & physicals, brain death notes, cardiac consultations and other documents attached to DonorNet. These documents are often initiated before the OPO gets involved. Since the JC allows every hospital to individually address the use of abbreviations, the subcommittee acknowledged that a standardized list of abbreviations could not be imposed on donor hospitals.

Finally, the subcommittee stressed that nothing replaces direct one-on-one verbal communication between the OPO and the transplant program. With this in mind, the OPO Committee and TAC made the following recommendations:

- Both the OPO and the transplant program should review and clarify all data submitted to DonorNet. Direct dialogue between the on-site coordinator and transplant program is essential.
- OPOs should avoid any abbreviation on the JC "Do Not Use" list of abbreviations ([http://www.jointcommission.org/assets/1/18/dnu\\_list.pdf](http://www.jointcommission.org/assets/1/18/dnu_list.pdf)) (Table A).

**TABLE A**

**Official “Do Not Use” List<sup>1</sup>**

<b>Do Not Use</b>	<b>Potential Problem</b>	<b>Use Instead</b>
U (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write “unit”
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write “International Unit”
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d, qod (every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write “daily” Write “every other day”
Trailing zero (X.0) mg* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS  MSO <sub>4</sub> and MGSO <sub>4</sub>	Can mean morphine sulfate or magnesium sulfate  Confused for one another	Write “morphine sulfate” Write “magnesium sulfate”

<sup>1</sup> Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

**\*Exception:** A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

- Medications should not be abbreviated, except for T-3, T-4, and DDAVP.
- Write out all diseases/medical conditions (see exceptions below).
- Abbreviations already used on DonorNet & TIEDI<sup>®</sup> are acceptable.
- Abbreviations from the following categories are acceptable:
  - Lab Tests (i.e., BUN, SGOT, SGPT)

- National Acceptable Units of Measure (i.e., ft, gm, ml)
- Periodic Table of Chemical Elements (i.e., K+, Cl-)
- IV crystalloid solutions (i.e., D5W, NS, 1/2NS + 20 KCL)
- Medical Credential Abbreviations (i.e., MD, RN, CPTC).
- Blood Products (i.e., RBC, FFP, Cryo)
- Cardiac Rhythms (i.e., NSR, ST, V-Tach)
- Cardiac Anatomy and Abnormalities (i.e., AV Node, MI, LVH, ASD)
- Cardiac Measurement Results (i.e., SVR, PVR, CVP)
- ACLS Abbreviations (i.e., CPR, ACLS, BLS, BCLS)
- Ventilator/Pulmonary Measurements (i.e., PIP, Peep)
- Anatomical Regions of the Body (i.e., RUL, RLL, RUE, RLE)
- Hospital Area Locations (i.e., ED, ICU, CCU, OR)

7. Additional standard abbreviations:

<b>AAA</b>	abdominal aortic aneurysm
<b>Abd</b>	abdomen
<b>Adm</b>	admission
<b>AICD</b>	automatic implantable cardioverter-defib.device
<b>AIDS</b>	acquired immunodeficiency syndrome
<b>AKA</b>	above knee amputation
<b>ALS</b>	amyotrophic lateral sclerosis
<b>AOC</b>	administrator on-call
<b>ARDS</b>	acute/adult respiratory distress syndrome
<b>ARF</b>	acute renal failure
<b>ASAP</b>	as soon as possible
<b>ATN</b>	acute tubular necrosis
<b>AVM</b>	arteriovenous malformation
<b>AVR</b>	aortic valve replacement
<b>BD</b>	brain dead
<b>Bilat</b>	bilateral
<b>BKA</b>	below knee amputation
<b>c/w</b>	consistent with
<b>CABG</b>	coronary artery bypass graft

<b>CAD</b>	coronary artery disease
<b>cardiac cath</b>	cardiac catheterization
<b>Cauc</b>	caucasian
<b>CHF</b>	congestive heart failure
<b>CHI</b>	closed head injury
<b>CNS</b>	central nervous system
<b>COPD</b>	chronic obstructive pulmonary disease
<b>CRF</b>	chronic renal failure
<b>CV</b>	cardiovascular
<b>CVA</b>	cerebrovascular accident
<b>CVVHD</b>	continuous veno-venous hemodialysis
<b>CXR</b>	chest x-ray
<b>detox</b>	detoxification
<b>DI</b>	diabetes insipidus
<b>DKA</b>	diabetic ketoacidosis
<b>DM</b>	diabetes mellitus
<b>DNR</b>	do not resuscitate
<b>DVT</b>	deep vein thrombosis
<b>DWI/DUI</b>	driving while intoxicated/driving under the influence
<b>Dx</b>	diagnosis
<b>EBL</b>	estimated blood loss
<b>EBV</b>	Epstein-Barr virus
<b>ECMO</b>	extracorporeal membrane oxygenation
<b>ESRD</b>	end stage renal disease
<b>ET/ETT</b>	endotracheal tube
<b>ETOH</b>	alcohol
<b>Eval</b>	evaluation
<b>F/U</b>	follow-up
<b>Fx</b>	fracture
<b>GERD</b>	gastro-esophageal reflux disease

<b>GI</b>	gastrointestinal
<b>GSW</b>	gunshot wound
<b>G-tube</b>	gastrostomy tube
<b>H &amp; P</b>	history and physical
<b>HA</b>	headache
<b>Hx</b>	history
<b>I&amp;O</b>	intake and output
<b>IABP</b>	intra-aortic balloon pump
<b>ICH</b>	intracranial hemorrhage
<b>ICP</b>	intracranial pressure
<b>ID</b>	infectious disease
<b>IJ</b>	internal jugular
<b>Info</b>	information
<b>IV</b>	intravenous
<b>J-tube</b>	jejunostomy tube
<b>Lap</b>	laparotomy
<b>LP</b>	lumbar puncture
<b>LVAD</b>	left ventricular assist device
<b>max/min</b>	maximum/minimum
<b>Mod</b>	moderate
<b>N&amp;V</b>	nausea and vomiting
<b>N/A</b>	not applicable
<b>Neg/Pos</b>	negative or Positive
<b>Neuro</b>	neurology
<b>NG</b>	nasogastric
<b>NIDDM</b>	non-insulin dependent diabetes mellitus
<b>NKDA</b>	no known drug allergies
<b>OD</b>	overdose
<b>OG</b>	oral gastric
<b>ortho</b>	orthopedics

<b>PEG</b>	percutaneous endoscopic gastrostomy
<b>PMH</b>	past medical history
<b>Prn</b>	as needed
<b>Pt</b>	patient
<b>PVD</b>	peripheral vascular disease
<b>R/O</b>	rule out
<b>Re:</b>	regarding
<b>Resp</b>	respiration/respiratory
<b>s/p</b>	status post
<b>SAH</b>	subarachnoid hemorrhage
<b>SAT/sat</b>	saturation
<b>SDH</b>	subdural hematoma
<b>SOB</b>	shortness of breath
<b>STAT</b>	immediately
<b>STD</b>	sexually transmitted disease
<b>TB</b>	tuberculosis
<b>TPN</b>	total parental nutrition
<b>Trach</b>	tracheostomy
<b>Tx</b>	treatment
<b>U.O./UO</b>	urinary output
<b>UTI</b>	urinary tract infection
<b>VAD</b>	ventricular assist device
<b>Vol</b>	volume
<b>VS</b>	vital signs
<b>WNL</b>	within normal limits

*Note: These are only recommendations and are not monitored or enforced by the OPTN.*